

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**  
DECEMBER 31, 2017

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**PREPARED FOR:**

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.  
383 MAIN AVE. NO. 5TH FL  
NORWALK, CT 06851

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**PREPARED BY:**

PKF O'CONNOR DAVIES, LLP  
3001 SUMMER STREET, 5TH FLOOR, EAST  
STAMFORD, CT 06905

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

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**RETURN MUST BE MAILED ON OR BEFORE:**

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2017** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.</b> Doing business as		<b>D</b> Employer identification number <b>06-1504413</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>383 MAIN AVE. 5TH FL</b>	<b>E</b> Telephone number <b>203-972-1250</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>NORWALK, CT 06851</b>		<b>G</b> Gross receipts \$ <b>57,926,726.</b>
	<b>F</b> Name and address of principal officer: <b>PAUL GIUSTI</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶

**J** Website: ▶ **WWW.THEMMRF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1998** **M** State of legal domicile: **CT**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>51</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>390</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>37,196,531.</b>	<b>44,515,691.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,337,395.</b>	<b>3,005,435.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>216,547.</b>	<b>445,834.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-3,637,196.</b>	<b>-2,275,935.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>36,113,277.</b>	<b>45,691,025.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,824,848.</b>	<b>8,106,761.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,235,074.</b>	<b>6,135,807.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>131,600.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,394,739.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17,068,952.</b>	<b>16,294,030.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>27,260,474.</b>	<b>30,536,598.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,852,803.</b>	<b>15,154,427.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>37,562,966.</b>	<b>56,487,907.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>11,815,941.</b>	<b>15,606,042.</b>
		<b>25,747,025.</b>	<b>40,881,865.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>ROBERT MIANI, TREASURER/CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>GARRETT M. HIGGINS</b>	<b>GARRETT M. HIGGINS</b>	<b>11/26/18</b>		<b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>			
	Firm's address ▶ <b>3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905</b>			Phone no. <b>203-323-2400</b>	

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

THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

Part III Statement of Program Service Accomplishments

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

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

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 [X] 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 [X] 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. ) 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

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

4c (Code: ) (Expenses \$ 4,585,896. including grants of \$ ) (Revenue \$ ) THE MMRF LONGITUDINAL STUDY (COMPASS) 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,

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,720,407. including grants of \$ ) (Revenue \$ )

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

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, 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> .....		<b>X</b>
<b>10</b> 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> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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> .....	<b>X</b>	
<b>15</b> 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> .....	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

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

Form 990 (2017)

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	
<b>22</b> 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> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> 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> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

Form 990 (2017)

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	19		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<input checked="" type="checkbox"/>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**ROBERT MIANI - 203-652-0207**  
**383 MAIN AVE. 5TH FLOOR, NORWALK, CT 06851**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MICHAEL MORTIMER CHAIRMAN	2.00	X		X			0.	0.	0.	
(2) LORI TAUBER-MARCUS VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) PAUL GIUSTI PRESIDENT & CEO	45.00	X		X			542,600.	0.	12,835.	
(4) KENNETH ANDERSON, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(5) KAREN ANDREWS BOARD MEMBER	2.00	X					0.	0.	0.	
(6) TOM CONHEENEY BOARD MEMBER	2.00	X					0.	0.	0.	
(7) RODNEY GILMORE BOARD MEMBER	2.00	X					0.	0.	0.	
(8) EUGENE GRISANTI BOARD MEMBER (THRU 03/2017)	2.00	X					0.	0.	0.	
(9) W. DANA LAFORGE BOARD MEMBER	2.00	X					0.	0.	0.	
(10) DAVID LUCCHINO BOARD MEMBER	2.00	X					0.	0.	0.	
(11) JOEL MARCUS BOARD MEMBER (THRU 04/2017)	2.00	X					0.	0.	0.	
(12) SUSAN MARVIN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) GERALD MCDUGALL BOARD MEMBER	2.00	X					0.	0.	0.	
(14) WILLIAM MCKIERNAN BOARD MEMBER	2.00	X					0.	0.	0.	
(15) DAVID PARKINSON, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(16) MARIE PINIZZOTTO, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(17) MICHAEL REINERT BOARD MEMBER	2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) RODGER RINEY BOARD MEMBER	2.00	X					0.	0.	0.	
(19) STEVEN SHAK BOARD MEMBER	2.00	X					0.	0.	0.	
(20) MERYL ZAUSNER BOARD MEMBER	2.00	X					0.	0.	0.	
(21) KATHY GIUSTI FOUNDER & STRATEGIC ADVISOR	45.00	X		X			326,032.	0.	1,722.	
(22) ROBERT MIANI TREASURER/CFO	45.00			X			311,083.	0.	21,509.	
(23) KAREN DIETZ SECRETARY/IN-HOUSE COUNSEL	45.00			X			125,911.	0.	39,157.	
(24) ANNE QUINN YOUNG SVP OF MARKETING	45.00				X		223,440.	0.	13,178.	
(25) DANIEL AUCLAIR SVP OF RESEARCH	45.00				X		221,754.	0.	10,368.	
(26) LAURA GILMAN VP OF EVENTS	45.00				X		152,016.	0.	30,531.	
<b>1b Sub-total</b>							1,902,836.	0.	129,300.	
<b>c Total from continuation sheets to Part VII, Section A</b>							673,016.	0.	75,012.	
<b>d Total (add lines 1b and 1c)</b>							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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**



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**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	10,240,735.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	34,274,956.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,337,923.				
	<b>h Total.</b> Add lines 1a-1f .....			44,515,691.			
Program Service Revenue	<b>2 a</b> RESEARCH & CLINICAL TRIALS .....	<b>Business Code</b>	541610	3,005,435.	3,005,435.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			3,005,435.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			373,452.			373,452.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			1,997,388.	1,997,388.		
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			72,382.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 10,240,735. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		286,125.			
		<b>b</b> Less: direct expenses .....		4,559,448.			
		<b>c</b> Net income or (loss) from fundraising events .....			-4,273,323.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....				45,691,025.	5,002,823.	0.	-3,827,489.

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,006,761.	8,006,761.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	100,000.	100,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,032,134.	1,381,259.	126,242.	524,633.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,438,330.	2,337,062.	213,599.	887,669.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,485.	64,902.	5,932.	24,651.
<b>9</b> Other employee benefits	206,189.	140,148.	12,809.	53,232.
<b>10</b> Payroll taxes	363,669.	247,189.	22,592.	93,888.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	100,500.	68,311.	6,243.	25,946.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,352,674.	1,211,506.	8,709.	132,459.
<b>12</b> Advertising and promotion	1,040,895.	850,407.	414.	190,074.
<b>13</b> Office expenses	260,571.	188,959.	13,522.	58,090.
<b>14</b> Information technology	288,690.	151,735.	13,859.	123,096.
<b>15</b> Royalties				
<b>16</b> Occupancy	338,329.	229,965.	21,018.	87,346.
<b>17</b> Travel	275,052.	211,895.	1,598.	61,559.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,145,572.	1,138,862.	1,290.	5,420.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	270,850.	155,516.	14,901.	100,433.
<b>23</b> Insurance	99,599.	67,699.	6,187.	25,713.
<b>24</b> 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.)				
<b>a</b> <u>LS STUDY</u>	4,585,896.	4,585,896.		
<b>b</b> <u>CLINICAL TRIALS</u>	3,141,667.	3,141,667.		
<b>c</b> <u>PATIENT &amp; CLINICIAN OUT</u>	1,769,489.	1,769,489.		
<b>d</b> <u>GENOMIC ANALYSIS</u>	559,110.	559,110.		
<b>e</b> All other expenses	1,065,136.	1,064,528.	78.	530.
<b>25</b> Total functional expenses. Add lines 1 through 24e	30,536,598.	27,672,866.	468,993.	2,394,739.
<b>26</b> 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  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,309,396.	<b>1</b>	14,258,907.	
	<b>2</b> Savings and temporary cash investments .....	12,581,245.	<b>2</b>	13,024,327.	
	<b>3</b> Pledges and grants receivable, net .....	4,654,461.	<b>3</b>	6,348,349.	
	<b>4</b> Accounts receivable, net .....	1,155,770.	<b>4</b>	2,341,764.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	680,846.	<b>9</b>		720,523.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,886,273.			
	<b>b</b> Less: accumulated depreciation .....	1,418,618.			
	<b>11</b> Investments - publicly traded securities .....	548,841.	<b>10c</b>		467,655.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,980,487.	<b>11</b>		18,684,405.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	550,000.	<b>12</b>		550,000.
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	101,920.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	37,562,966.	<b>15</b>		91,977.	
		<b>16</b>		56,487,907.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,255,958.	<b>17</b>	6,366,096.	
	<b>18</b> Grants payable .....	4,583,636.	<b>18</b>	7,316,928.	
	<b>19</b> Deferred revenue .....	1,976,347.	<b>19</b>	1,923,018.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	11,815,941.	<b>26</b>		15,606,042.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	20,489,602.	<b>27</b>	34,872,587.	
	<b>28</b> Temporarily restricted net assets .....	5,257,423.	<b>28</b>	6,009,278.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	25,747,025.	<b>33</b>		40,881,865.	
<b>34</b> Total liabilities and net assets/fund balances .....	37,562,966.	<b>34</b>		56,487,907.	

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	45,691,025.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,536,598.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,154,427.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	25,747,025.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-19,587.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	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
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19073387.	29542535.	29213174.	37196531.	44515691.	159541318
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19073387.	29542535.	29213174.	37196531.	44515691.	159541318
<b>5</b> 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) .....						40195218.
<b>6 Public support.</b> Subtract line 5 from line 4.						119346100

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	19073387.	29542535.	29213174.	37196531.	44515691.	159541318
<b>8</b> 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.	1028560.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						160569878
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,090,724.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	74.33 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	75.01 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		

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**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> 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).		

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**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> 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. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

THE MULTIPLE MYELOMA RESEARCH

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

06-1504413 Page 8

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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Employer identification number

06-1504413

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b> THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.	<b>Employer identification number</b> 06-1504413
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,268,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 966,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,839,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,031,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.</b>	Employer identification number 06-1504413
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,251,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.	<b>Employer identification number</b> 06-1504413
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.	<b>Employer identification number</b> 06-1504413
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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? .....

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)? .....

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017



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

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	45,966,370.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-19,587.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	294,932.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	275,345.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,691,025.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	30,831,530.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	294,932.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	294,932.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	30,536,598.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	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.

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" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING		100,000.
<b>3 a</b> Sub-total .....	0	0			100,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			100,000.







THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

**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; don't 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; don't file with Form 990)* .....  Yes  No

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

**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.

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.



THE MULTIPLE MYELOMA RESEARCH

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GREENWICH DINNER	NEW YORK DINNER	40		
		(event type)	(event type)	(total number)		
Revenue	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.

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







**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BARBARA ANN KARMANOS CANCER HOSPITAL - 4100 JOHN R STREET - DETROIT, MI 48201	20-1649466	501(C)(3)	48,000.	0.			SITE INVESTMENT GRANT
BAYLOR RESEARCH INSTITUTE - SAMMONS CANCER CENTER - P.O. BOX 846275 - DALLAS, TX 75284	75-1921898	501(C)(3)	30,000.	0.			SITE INVESTMENT GRANT
BETH ISREAL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	1,632,000.	0.			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.	0.			SITE INVESTMENT GRANT
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	1,087,500.	0.			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.	0.			SITE INVESTMENT GRANT, ANSWER FUND

- 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.**

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

Schedule I (Form 990) (2017)

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

Schedule I (Form 990)

06-1504413

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HACKENSACK UNIVERSITY MEDICAL CENTER - 360 ESSEX CENTER, SUITE 302 - HACKENSACK, NJ 07601	22-1487576	501(C)(3)	58,500.	0.			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.	0.			SITE INVESTMENT GRANT, FELLOW RESEARCH GRANT
JOHNS HOPKINS MEDICAL INSTITUTIONS 3910 KESWICK ROAD, NO. N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	1,500,000.	0.			IMMUNOTHERAPY RFA GRANT
LEVINE CANCER CENTER 1021 MOREHEAD MEDICAL DRIVE CHARLOTTE, NC 28204	56-0529945	501(C)(3)	32,500.	0.			SITE INVESTMENT GRANT
MAYO CLINIC 200 FIRST STREET S.W. ROCHESTER, MN 55905	41-6011702	501(C)(3)	57,500.	0.			SITE INVESTMENT GRANT
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-0714831	501(C)(3)	35,000.	0.			SITE INVESTMENT GRANT
MAYO CLINIC 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	42,500.	0.			SITE INVESTMENT GRANT
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	1,325,000.	0.			SITE INVESTMENT GRANT, IMMUNOTHERAPY RFA GRANT, RESEARCH GRANT
OHIO STATE UNIVERSITY RESEARCH FOUNDATION - B321 STARLING LOVING HALL, 320 WEST 10TH AVENUE - COLUMBUS, OH 43210	31-6401599	501(C)(3)	62,500.	0.			SITE INVESTMENT GRANT

Schedule I (Form 990)

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

Schedule I (Form 990)

06-1504413

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	100,000.	0.			RESEARCH GRANT
SARAH CANNON RESEARCH INSTITUTE, LLC - 3322 WEST END ROAD, SUITE 900 - NASHVILLE, TN 37203	20-1557751		43,000.	0.			SITE INVESTMENT GRANT
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N. FIFTH STREET - PHOENIX, AZ 85004	75-3065445	501(C)(3)	75,000.	0.			FELLOW RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE, MC 2115 CHICAGO, IL 60637	36-2177139	501(C)(3)	52,000.	0.			SITE INVESTMENT GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE - HOUSTON, TX 77030	74-6001118	STATE OF TEXAS	350,000.	0.			RESEARCH GRANT
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, BOX 468 BOSTON, MA 02111	27-0440772	501(C)(3)	75,000.	0.			FELLOW RESEARCH GRANT
UCSF MYELOMA RESEARCH PROGRAM 1855 FOLSOM STREET, ROOM 423 SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	105,761.	0.			SITE INVESTMENT GRANT, PROGRAM GRANT
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 W. MARKHAM STREET, SLOT 812 - LITTLE ROCK, AR 72205	71-6046242	STATE OF ARKANSAS	125,000.	0.			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.	0.			SITE INVESTMENT GRANT

Schedule I (Form 990)

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

Schedule I (Form 990)

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Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 103 SOUTH BUILDING CAMPUS, BOX 9100 - CHAEL HILL, NC 27599	56-6001393	501(C)(3)	75,000.	0.			FELLOW RESEARCH GRANT
UNIVERSITY OF TEXAS- SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BOULEVARD - DALLAS, TX 75390	75-6002868	501(C)(3)	25,000.	0.			SITE INVESTMENT GRANT
VIRGINIA CANCER SPECIALISTS P.C. 8503 ARLINGTON BLVD, SUITE 320 FAIRFAX, VA 22031	54-1795091		35,000.	0.			SITE INVESTMENT GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 660 E. EUCLID AVENUE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	97,500.	0.			SITE INVESTMENT GRANT
YALE UNIVERSITY 246 CHURCH STREET NEW HAVEN, CT 06520	06-0646973	501(C)(3)	100,000.	0.			RESEARCH GRANT

Schedule I (Form 990)

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**Part IV** Supplemental Information

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 (COMPASS AND FOLLOW-ON REGISTRY/COMPASS 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

**Part IV** Supplemental Information

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

**Part IV** Supplemental Information

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.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**

**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 (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

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

**Only section 501(c)(3), 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2017

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule J (Form 990) 2017

06-1504413

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**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 aren't 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.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule J (Form 990) 2017

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**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.

PART I, LINE 7:

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

Schedule J (Form 990) 2017

**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.

MARGARET FURLONG, ASSOCIATE DIRECTOR OF CLINICAL OPERATIONS \$10,000

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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**

- 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 isn't required to be used for exempt purposes for the entire holding period? **30a** **X**
- 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? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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FOUNDATION, INC.

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**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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.	Employer identification number	06-1504413
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FORM 990, PART I, LINE 1:

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 COMPASS 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 COMPASS DATA WERE PRESENTED AT THE AMERICAN SOCIETY OF HEMATOLOGY  
MEETING IN DECEMBER 2017; MORE THAN 60 COMPASS 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:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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- 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 COMPASS 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 FOCUSES ON EARLY DETECTION AND ULTIMATELY, PREVENTION OF MYELOMA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ORCHESTRATE THE PEOPLE, THE PROGRAMS, AND THE TECHNOLOGIES NECESSARY TO SPEED THE DISCOVERY OF A CURE - FOR EVERY PATIENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
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



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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, PROGRAM SERVICE ACCOMPLISHMENTS:  
ENROLLED OVER 2,400 PATIENTS ACROSS MORE THAN 80 CLINICAL TRIALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
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

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TYPICALLY INCLUDE ONLY ONE SAMPLE PER PATIENT.

THE MMRF CONTINUES TO OPERATE THE COMMUNITY GATEWAY, WHICH ALLOWS  
MYELOMA PATIENTS, INCLUDING THOSE ENROLLED IN THE COMPASS STUDY, TO  
OBTAIN INFORMATION REGARDING TREATMENTS AND TRIALS THAT ARE SPECIFIC TO  
THEIR NEEDS.

IN 2015, COMPASS 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 III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES \$ 8,720,407. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

KATHY GIUSTI, FOUNDER & STRATEGIC ADVISOR, KAREN ANDREWS, BOARD MEMBER, AND

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PAUL GIUSTI, PRESIDENT & CEO, ALL HAVE A FAMILY RELATIONSHIP.

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.

FORM 990, PART VI, SECTION B, LINE 12C:

DUTY TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST:

ANY INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OR CONFLICTS COMMITTEE AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD, MEMBERS OF THE CONFLICTS COMMITTEE AND ALL MEMBERS OF ANY COMMITTEE CONSIDERING THE PROPOSED CONTRACT OR TRANSACTION.

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR CONFLICTS COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR CONFLICT COMMITTEE MEMBERS, AS APPLICABLE, SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

I. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR CONFLICTS COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE

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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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

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.

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

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

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,

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NORWALK, CT 06851.

FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABE AT THE ORGANIZATION'S WEBSITE: WWW.THEMMRF.ORG

FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG, WWW.CHARITYNAVIGATOR.ORG, AND OTHER SIMILAR WEBSITES.

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)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 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
MULTIPLE MYELOMA RESEARCH FOUNDATION, LLC - 47-1162865, 383 MAIN AVENUE, 5TH FLOOR, NORWALK, CT 06851	TO SUPPORT ITS MEMBER'S CHARITABLE MISSION	DELAWARE	0.	0.	THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.
MULTIPLE MYELOMA RESEARCH CONSORTIUM, LLC - 47-1142650, 383 MAIN AVENUE, 5TH FLOOR, NORWALK, CT 06851	FACILITATING OR SPONSORING CLINICAL TRIALS AND RELATED RESEARCH	CONNECTICUT	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

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS





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

**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.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

**NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:**

MULTIPLE MYELOMA RESEARCH FOUNDATION, LLC

EIN: 47-1162865

383 MAIN AVENUE, 5TH FLOOR

NORWALK, CT 06851

PRIMARY ACTIVITY: TO SUPPORT ITS MEMBER'S CHARITABLE MISSION

DIRECT CONTROLLING ENTITY: THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

**NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:**

MULTIPLE MYELOMA RESEARCH CONSORTIUM, LLC

EIN: 47-1142650

383 MAIN AVENUE, 5TH FLOOR

NORWALK, CT 06851

PRIMARY ACTIVITY: FACILITATING OR SPONSORING CLINICAL TRIALS AND RELATED  
RESEARCH

DIRECT CONTROLLING ENTITY: THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.