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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 383 MAIN AVENUE

Room/suite 7TH FL

City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06851

F Name and address of principal officer: MICHAEL ANDREINI
SAME AS C ABOVE

D Employer identification number 06-1504413

E Telephone number 203-229-0464

G Gross receipts $ 120,070,404.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.THEMMRF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1998 **M** State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	80
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	24,100,727.	26,628,081.
9	Program service revenue (Part VIII, line 2g)	2,261,716.	8,674,361.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,238,351.	1,150,050.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500,620.	70,864.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,101,414.	36,523,356.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,080,876.	3,576,906.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,390,435.	12,331,616.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 6,107,004.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,133,026.	18,742,609.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,604,337.	34,651,131.
19	Revenue less expenses. Subtract line 18 from line 12	-6,502,923.	1,872,225.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	66,397,148.	62,872,951.
21	Total liabilities (Part X, line 26)	16,374,755.	14,844,396.
22	Net assets or fund balances. Subtract line 21 from line 20	50,022,393.	48,028,555.

Part II Signature Block

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

Sign Here

Signature of officer — Date

MICHAEL ANDREINI, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MELISSA MODELSON	MELISSA MODELSON	08/25/26	☐	P01603524

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC — Firm's EIN 33-1374517

Firm's address 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905 — Phone no. 203-323-2400

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

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:
SEE SCHEDULE O

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 $ 6,096,220. including grants of $ 0.) (Revenue $ 8,674,361.)
THE MULTIPLE MYELOMA RESEARCH CONSORTIUM (MMRC), THE CLINICAL RESEARCH SUBSIDIARY OF THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF), IS A COLLABORATIVE NETWORK OF LEADING CANCER CENTERS DRIVING CUTTING-EDGE CLINICAL TRIALS.

THE MMRF LAUNCHED THE HORIZON CLINICAL TRIALS PROGRAM THROUGH THE MMRC TO DRIVE PROGRESS FOR PATIENTS WHO NEED IT MOST. HORIZON TRIALS USE AN ADAPTIVE PLATFORM DESIGN THAT ALLOWS RESEARCHERS TO TEST SEVERAL TREATMENTS AT THE SAME TIME AND ADD NEW OPTIONS AS DATA BECOMES AVAILABLE. IN 2025, THE HORIZON ONE TRIAL FOCUSED ON RELAPSED/REFRACTORY MYELOMA EXCEEDED MANY OF ITS ENROLLMENT GOALS FOR ITS FIRST TREATMENT ARM, WHICH IS TESTING DOSING APPROACHES FOR A

4b (Code:) (Expenses $ 2,669,588. including grants of $ 0.) (Revenue $ 0.)
DATA HELPS DRIVE EVERY BREAKTHROUGH IN MYELOMA. BY BUILDING AND SHARING LARGE, HIGH-QUALITY DATASETS, THE MMRF IS CREATING A LAUNCHPAD FOR THE NEXT WAVE OF TREATMENTS, IMPROVEMENTS IN CARE, AND, ULTIMATELY, CURES. IN 2025, THE MMRF LAUNCHED ITS NEXT INNOVATION IN DATA SHARING: THE MMRF VIRTUAL LABTM. VIRTUAL LAB IS NOW MYELOMA'S LARGEST, MOST-COMPREHENSIVE DATA-SHARING PLATFORM AND BRINGS ALL THE MMRF'S DATA INTO ONE PLACE. THE PLATFORM AND ITS ROBUST DATA WILL EMPOWER RESEARCHERS TO ASK BIGGER QUESTIONS, TEST NEW HYPOTHESES, AND ACCELERATE DISCOVERIES THAT IMPROVE OUTCOMES FOR PATIENTS WITH MYELOMA.

4c (Code:) (Expenses $ 1,600,000. including grants of $ 0.) (Revenue $ 0.)
THE MAC PROGRAM PROVIDES $21 MILLION OVER 3 YEARS TO CREATE MULTICENTER TRANSLATIONAL RESEARCH TEAMS ACROSS GLOBAL MEDICAL CENTERS. EACH OF THESE THREE-YEAR MULTICENTER TRANSLATIONAL PROJECTS AIM TO FOSTER COLLABORATION AND ADVANCE COMPELLING HYPOTHESES THAT ARE READY FOR RAPID TESTING IN CLINICAL TRIALS, A CRITICAL STEP IN THE MMRF'S URGENT PURSUIT OF A CURE FOR EACH AND EVERY MYELOMA PATIENT. THE GRANTS ARE FOCUSED ON TWO CRITICAL AREAS OF UNMET NEED: OPTIMIZING FIRST-LINE THERAPY FOR NEWLY DIAGNOSED HIGH-RISK MYELOMA AND IMPROVING IDENTIFICATION OF HIGH-RISK SMOLDERING MYELOMA (HR SMM), AN EARLY, ASYMPTOMATIC STAGE THAT CAN PROCEED TO ACTIVE MYELOMA. IN 2025 THE COLLABORATING CENTERS CONTINUED TO MAKE POSITIVE PROGRESS, SHOWING THAT POOLING RESOURCES AND SAMPLES ACROSS A NETWORK OF INSTITUTIONS

4d Other program services (Describe on Schedule O.)
(Expenses $ 16,987,283. including grants of $ 3,576,906.) (Revenue $ 70,864.)

4e Total program service expenses 27,353,091.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	49		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 80			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on 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

ALAN HEITNER - 203-652-0207

383 MAIN AVENUE, 7TH FLOOR, NORWALK, CT 06851

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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 ANDREINI PRESIDENT & CEO	40.00			X				534,635.	0.	33,775.
(2) GEORGE MULLIGAN CHIEF SCIENTIFIC OFFICER	40.00				X			370,521.	0.	64,920.
(3) STEPHANIE OESTREICH MANAGING DIRECTOR, MIF	40.00				X			397,759.	0.	33,610.
(4) ANNE QUINN YOUNG CHIEF MISSION OFFICER	40.00				X			374,586.	0.	19,455.
(5) KAREN DIETZ SECRETARY, CAO & GENERAL COUNSEL	40.00			X				287,214.	0.	48,042.
(6) KATIE WOZNIAK VP OF CLINICAL RESEARCH	40.00				X			244,190.	0.	58,555.
(7) GREG RUBENSTEIN VP OF MARKETING	40.00					X		220,914.	0.	61,822.
(8) ASHLEY BLANCHARD SR DIRECTOR, STRATEGIC PARTNERSHIPS	40.00					X		189,544.	0.	57,601.
(9) PAM SPEER LEWIS VP OF DEVELOPMENT	40.00				X			224,834.	0.	19,800.
(10) ALAN HEITNER TREASURER & CFO	40.00			X				230,505.	0.	10,706.
(11) BRIAN HOCHBERG PRINCIPAL GIFT OFFICER	40.00					X		184,995.	0.	55,905.
(12) HEARN CHO CHIEF MEDICAL OFFICER	32.00				X			227,552.	0.	9,080.
(13) JOANNE PUGLIA SR DIRECTOR FINANCE, CONTROLLER	40.00					X		199,809.	0.	12,143.
(14) FRANCESCA LAROSA SR DIRECTOR, HUMAN RESOURCES	40.00					X		183,151.	0.	26,736.
(15) KATHY GIUSTI FOUNDER & DIRECTOR	2.00	X						0.	0.	0.
(16) THOMAS CONHEENEY CHAIRMAN	2.00	X		X				0.	0.	0.
(17) GERALD MCDOUGALL VICE CHAIRMAN	2.00	X		X				0.	0.	0.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) KENNETH ANDERSON, M.D. DIRECTOR	2.00	X						0.	0.	0.
(19) KAREN ANDREWS DIRECTOR	2.00	X						0.	0.	0.
(20) RODNEY GILMORE DIRECTOR	2.00	X						0.	0.	0.
(21) DAVID LUCCHINO DIRECTOR	2.00	X						0.	0.	0.
(22) LORI TAUBER-MARCUS DIRECTOR	2.00	X						0.	0.	0.
(23) HUGH MARTIN DIRECTOR	2.00	X						0.	0.	0.
(24) WILLIAM MCKIERNAN DIRECTOR	2.00	X						0.	0.	0.
(25) DAVID PARKINSON, M.D. DIRECTOR	2.00	X						0.	0.	0.
(26) MARIE PINIZZOTTO, M.D. DIRECTOR THRU 12/31/2025	2.00	X						0.	0.	0.
1b Subtotal								3,870,209.	0.	512,150.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,870,209.	0.	512,150.

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 41

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI GUSTAVE L. LEVY PLACE, NEW YORK, NY 10029	BIOTECHNOLOGY RESEARCH	3,649,842.
ICON GOVERNMENT AND PUBLIC HEALTH SOLUTIONS 731 ARBOR WAY, BLUE BELL, PA 19422	BIOTECHNOLOGY RESEARCH	2,668,810.
REDMEDED, LLC, 5 GREAT VALLEY PARKWAY, SUITE 221, MALVERN, PA 19355	CONTINUING MEDICAL EDUCATION	1,393,824.
RELEVATE HEALTH GROUP, LLC, 8044 MONTGOMERY ROAD, SUITE 700-7384,	MARKETING CONSULTANT	950,116.
EVEREST CLINICAL RESEARCH CORPORATION, 100 SOMERSET CORPORATE BOUELVARD, BRIDGEWATER,	BIOTECHNOLOGY RESEARCH	910,373.

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

Form 990 THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC. 06-1504413

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 (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) ADRIAN ROSENKRANZ DIRECTOR	2.00	X						0.	0.	0.
(28) STEVE SHAK, M.D. DIRECTOR	2.00	X						0.	0.	0.
(29) KIMBERLY WHITE DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

532201 04-01-25

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,628,081.				
	g Noncash contributions included in lines 1a-1f	1g	$ 625,530.				
	h **Total.** Add lines 1a-1f			26,628,081.			
Program Service Revenue			**Business Code**				
	2a RESEARCH & CLINICAL TRIALS		541610	8,674,361.	8,674,361.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			8,674,361.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,162,029.			1162029.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			70,864.	70,864.		
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	83,535,069.				
	b Less: cost or other basis and sales expenses	7b	83,547,048.				
	c Gain or (loss)	7c	-11,979.				
	d Net gain or (loss)			-11,979.			-11,979.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			36,523,356.	8,745,225.	0.	1150050.

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,171,299.	2,171,299.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	205,607.	205,607.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,200,000.	1,200,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,189,740.	2,701,103.	269,860.	218,777.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,259,171.	4,597,185.	616,724.	2,045,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	253,502.	162,762.	20,990.	69,750.
9 Other employee benefits	934,672.	618,576.	82,744.	233,352.
10 Payroll taxes	694,531.	482,213.	59,104.	153,214.
11 Fees for services (nonemployees):				
a Management	592,317.	510,934.	8,952.	72,431.
b Legal	122,586.	105,743.	1,853.	14,990.
c Accounting	63,798.	55,032.	964.	7,802.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,125,819.	2,401,826.	47,616.	1,676,377.
12 Advertising and promotion	1,908,430.	1,618,048.	28,844.	261,538.
13 Office expenses	1,366,541.	874,926.	2,991.	488,624.
14 Information technology	2,015,355.	1,738,448.	30,460.	246,447.
15 Royalties				
16 Occupancy	179,428.	154,775.	2,712.	21,941.
17 Travel	668,993.	465,995.	11,855.	191,143.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	852,187.	474,394.		377,793.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	573,594.	563,232.	2,885.	7,477.
23 Insurance	164,253.	141,685.	2,482.	20,086.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLINICAL TRIAL/RESEARCH	5,903,326.	5,903,326.		
b TISSUE BANKING	205,982.	205,982.		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	34,651,131.	27,353,091.	1,191,036.	6,107,004.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)	253,696.	126,417.	0.	127,279.

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
Assets	1	Cash - non-interest-bearing		2,850,860.	1	3,561,044.
	2	Savings and temporary cash investments		6,236,082.	2	9,961,812.
	3	Pledges and grants receivable, net		4,254,361.	3	4,884,191.
	4	Accounts receivable, net		1,327,848.	4	6,305,891.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		487,968.	9	710,293.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,570,033.			
	b	Less: accumulated depreciation	10b 1,896,574.	2,038,895.	10c	673,459.
	11	Investments - publicly traded securities		28,979,841.	11	17,683,741.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		19,702,733.	13	18,734,641.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		518,560.	15	357,879.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		66,397,148.	16	62,872,951.
Liabilities	17	Accounts payable and accrued expenses		11,501,089.	17	10,559,238.
	18	Grants payable		2,407,188.	18	1,374,699.
	19	Deferred revenue		1,974,951.	19	2,575,345.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		491,527.	25	335,114.
	26	**Total liabilities.** Add lines 17 through 25		16,374,755.	26	14,844,396.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		46,293,816.	27	44,811,053.
	28	Net assets with donor restrictions		3,728,577.	28	3,217,502.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		50,022,393.	32	48,028,555.
	33	Total liabilities and net assets/fund balances		66,397,148.	33	62,872,951.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,523,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,651,131.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,872,225.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,022,393.
5	Net unrealized gains (losses) on investments	5	260,157.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,126,220.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,028,555.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37089868.	42022114.	30976388.	24100727.	26628081.	160817178
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	37089868.	42022114.	30976388.	24100727.	26628081.	160817178
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15201828.
6 **Public support.** Subtract line 5 from line 4.						145615350

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	37089868.	42022114.	30976388.	24100727.	26628081.	160817178
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100,955.	679,638.	1696550.	1580287.	1162029.	5219459.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		6,000.				6,000.
11 **Total support.** Add lines 7 through 10						166042637

12 Gross receipts from related activities, etc. (see instructions) 12 17,483,456.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 87.70 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 84.98 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2022 AMOUNT: $ 6,000.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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	[X] 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

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization
THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

Employer identification number
06-1504413

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		$ 2,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 843,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 822,218.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 705,953.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 660,993.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

Employer identification number: 06-1504413

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
		$	

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

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

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

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

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

12330825 756359 1441650.000 2025.04020 THE MULTIPLE MYELOMA RESE 14416501

Name of organization: THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

Employer identification number: 06-1504413

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

12330825 756359 1441650.000 2025.04020 THE MULTIPLE MYELOMA RESE 14416501

SCHEDULE D (Form 990) (Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (for example, 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		155,342.	47,793.	107,549.
e Other		2,414,691.	1,848,781.	565,910.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				673,459.

Part VII Investments - Other Securities

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

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

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) ABCURO, INC.	1,411,251.	END-OF-YEAR MARKET VALUE
(2) INDAPTA THERAPEUTICS	25,000.	END-OF-YEAR MARKET VALUE
(3) FORTIS THERAPEUTIC	500,000.	END-OF-YEAR MARKET VALUE
(4) CYTOIMMUNE THERAPEUTICS	1,999,995.	END-OF-YEAR MARKET VALUE
(5) TRIUMVIRA IMMUNOLOGICS	1,080,222.	END-OF-YEAR MARKET VALUE
(6) TELO THERAPEUTICS	1,155,884.	END-OF-YEAR MARKET VALUE
(7) LUMINARY THERAPEUTICS	1,000,000.	END-OF-YEAR MARKET VALUE
(8) KAHR MEDICAL LTD.	2,666,667.	END-OF-YEAR MARKET VALUE
(9) NECTIN THERAPEUTICS	999,995.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	18,734,641.	

Part IX Other Assets

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

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

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) OPERATING LEASE LIABILITY	335,114.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	335,114.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

SEE PART XIII FOR CONTINUATIONS

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

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

1	Total revenue, gains, and other support per audited financial statements			1	35,557,739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	260,157.		
b	Donated services and use of facilities	2b	694,778.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	954,935.
3	Subtract line 2e from line 1			3	34,602,804.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,920,552.		
c	Add lines 4a and 4b			4c	1,920,552.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	36,523,356.

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

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

1	Total expenses and losses per audited financial statements			1	32,608,298.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	694,778.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	694,778.
3	Subtract line 2e from line 1			3	31,913,520.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,737,611.		
c	Add lines 4a and 4b			4c	2,737,611.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	34,651,131.

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:
THE MMRF RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MMRF HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSED TO PART IX	1,920,552.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSED TO PART IX	1,920,552.
RETURN OF UNSPENT GRANT FUNDS	817,059.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,737,611.

Part XIII Supplemental Information *(continued)*

Part XIII Supplemental Information *(continued)*

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
REVERB THERAPEUTICS	1,499,993.	EOY MARKET VALUE
OPNA BIO	1,395,634.	EOY MARKET VALUE
ENVISAGENICS	2,000,000.	EOY MARKET VALUE
NAMMI	500,000.	EOY MARKET VALUE
TRIO	500,000.	EOY MARKET VALUE
UMOJA	1,000,000.	EOY MARKET VALUE
STYLUS MEDICAINE	1,000,000.	EOY MARKET VALUE

SCHEDULE F (Form 990)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] **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		60,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		1,110,000.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		3,666,662.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		1,395,634.
NORTH AMERICA	0	0	INVESTMENTS		1,499,993.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		30,000.
3 a Subtotal	0	0			7,762,289.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			7,762,289.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 532071 04-01-25

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MAC GRANT	1050000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FELLOWS	30,000.	WIRE	0.		
		NORTH AMERICA	FELLOWS	60,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FELLOWS	60,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 4

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[X] 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 the Instructions for Form 8621)*	[ ] Yes	[X] 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 the Instructions for Form 8865)*	[ ] Yes	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V **Supplemental Information**

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

PART I, LINE 2:
MMRF RECEIVES PROGRESS REPORTS ON HOW THE GRANTED FUNDS ARE USED. MMRF CONDUCTS A REVIEW PROCESS, DURING WHICH THE INVESTIGATOR'S PROGRESS REPORT IS 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 APPROPRIATE PROGRESS WAS MADE AND THE FINDINGS SUPPORT CONTINUES STUDY, HE/SHE PRESENTS THE PROGRESS AND FINDINGS TO AN APPROVAL COMMITTEE FOR A FUNDING RELEASE.

SCHEDULE F, PART IV, LINE 1:
THE ORGANIZATION IS REQUIRED TO FILE FORM 926 AS IT MEETS THE APPLICABLE FILING REQUIREMENT THRESHOLDS.

SCHEDULE F, PART IV, LINE 3:
THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 AS DOES NOT MEET THE APPLICABLE FILING REQUIREMENT THRESHOLDS OR OWNERSHIP AMOUNT.

SCHEDULE I (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE - 1450 EAST DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	171,210.	0.			SITE INVESTMENT GRANT
BETH ISREAL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	136,418.	0.			FELLOW, 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)	1,150,000.	0.			SITE INVESTMENT GRANT, MAC GRANT
INDIANA UNIVERSITY 400 E 7TH STREET, POPLARS 501 BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	60,000.	0.			FELLOW
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	35,989.	0.			SCHOLARS
UNIVERSITY OF MIAMI P.O. BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	30,000.	0.			FELLOW

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 8.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 7007 BERTNER AVENUE, SUITE 182457 - HOUSTON, TX 77030	76-0300816	501(C)(3)	426,025.	0.			VLAB PROJECTS
WASHINGTON UNIVERSITY IN ST. LOUIS 660 EAST EUCLID AVENUE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	157,300.	0.			SITE INVESTMENT GRANT

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
FELLOWSHIP AWARDS	9	205,607.	0.		

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:
GRANT MONITORING PROCEDURES
THE MMRF MAINTAINS A FORMAL REVIEW, APPROVAL, AND MONITORING PROCESS FOR RESEARCH GRANTS AND CLINICAL/TRANSLATIONAL SITE SUPPORT AWARDS.

RESEARCH BUDGET APPROVAL AND OVERSIGHT
THE ANNUAL RESEARCH BUDGET IS INITIALLY REVIEWED AND APPROVED BY THE PROGRAMMING COMMITTEE. FOLLOWING PROGRAMMING COMMITTEE APPROVAL, THE BUDGET IS PRESENTED TO THE MMRF BOARD OF DIRECTORS FOR FINAL APPROVAL.
RESEARCH AWARD ACTIVITY AND BUDGET PERFORMANCE ARE MONITORED ON AN ONGOING BASIS THROUGH MONTHLY RESEARCH PROGRAMMATIC MEETINGS WITH THE CEO AND CFO.
THESE MEETINGS PROVIDE OVERSIGHT OF THE DISTRIBUTION AND MANAGEMENT OF RESEARCH AWARDS AND SERVE AS A FORUM TO REVIEW BUDGET UPDATES, CHANGES, AND REFORECASTS. ANY MATERIAL BUDGETARY CHANGE OR REFORECAST IN EXCESS OF $1 MILLION IS ESCALATED TO THE PROGRAMMING COMMITTEE FOR REVIEW AND DISCUSSION.

THE MMRF AWARDS TWO PRIMARY TYPES OF GRANTS: CLASSICAL RESEARCH SUPPORT

Part IV Supplemental Information

GRANTS AND CLINICAL/TRANSLATIONAL SITE SUPPORT GRANTS.

CLASSICAL RESEARCH SUPPORT GRANTS
CLASSICAL RESEARCH GRANT PROPOSALS ARE REVIEWED BY AN EXTERNAL GROUP OF SCIENTISTS WITH THE APPROPRIATE SUBJECT-MATTER EXPERTISE. SCIENTIFIC MERIT IS EVALUATED USING THE CURRENT NIH SCORING SYSTEM, WITH SCORES RANGING FROM 1 TO 9, WHERE 1 REPRESENTS THE HIGHEST SCIENTIFIC MERIT AND 9 REPRESENTS THE LOWEST. EACH PROPOSAL IS REVIEWED BY TWO INDEPENDENT EXTERNAL REVIEWERS, AND THE SCORES ARE AVERAGED. GRANTS SELECTED FOR FUNDING GENERALLY RECEIVE AN AVERAGE SCORE OF 3 OR BETTER.

AFTER EXTERNAL SCIENTIFIC REVIEW IS COMPLETED, MMRF RESEARCH LEADERSHIP PERFORMS A FINAL REVIEW OF THE PROPOSALS AND MAKES FUNDING RECOMMENDATIONS TO THE CEO AND CFO FOR CONFIRMATION OF THE FINAL AWARDS. ONCE A GRANT AWARD IS APPROVED, AN AWARD LETTER IS ISSUED TO THE RECIPIENT, AND THE CFO IS NOTIFIED SO THAT THE APPROPRIATE GRANT ACCRUAL CAN BE RECORDED.

GRANT PAYMENTS ARE SUBJECT TO CONTINUED MONITORING. AFTER THE INITIAL PAYMENT, THE INVESTIGATOR IS REQUIRED TO SUBMIT PROGRESS REPORTS IN ORDER TO RECEIVE SUBSEQUENT PAYMENTS. THESE PROGRESS REPORTS ARE REVIEWED BY EXTERNAL REVIEWERS TO DETERMINE WHETHER APPROPRIATE PROGRESS HAS BEEN MADE AND WHETHER THE FINDINGS SUPPORT CONTINUED FUNDING OF THE STUDY. ONCE THE RESEARCH EMPLOYEE RESPONSIBLE FOR GRANT COORDINATION RECEIVES CONFIRMATION THAT SUFFICIENT PROGRESS HAS BEEN MADE, THE PROGRESS AND FINDINGS ARE PRESENTED TO AN APPROVAL COMMITTEE FOR AUTHORIZATION OF THE NEXT FUNDING RELEASE.

CLINICAL/TRANSLATIONAL SITE SUPPORT GRANTS
CLINICAL AND TRANSLATIONAL SITE SUPPORT GRANT PROPOSALS ARE REVIEWED BY MMRF RESEARCH STAFF AND LEADERSHIP, IN COLLABORATION WITH OUTSIDE ADVISORS AS APPROPRIATE. MMRF RESEARCH LEADERSHIP THEN MAKES FUNDING RECOMMENDATIONS TO THE CEO FOR FINAL APPROVAL.

ONCE A CLINICAL OR TRANSLATIONAL SITE SUPPORT GRANT IS APPROVED, AN AWARD LETTER IS ISSUED TO THE RECIPIENT, AND THE CFO IS NOTIFIED SO THAT THE APPROPRIATE GRANT ACCRUAL CAN BE RECORDED. THESE GRANTS ARE TYPICALLY RENEWED ANNUALLY OR STRUCTURED AS MULTI-YEAR AWARDS. CONTINUATION OR RENEWAL OF FUNDING IS BASED ON THE ACHIEVEMENT OF MILESTONES ESTABLISHED AT THE INCEPTION OF THE PROGRAM.

THE MMRF ALSO MAINTAINS A CONFLICT-OF-INTEREST POLICY. ANY POTENTIAL CONFLICTS OR RELATED ISSUES ARISING IN CONNECTION WITH GRANT AWARDS ARE REVIEWED BY THE APPROPRIATE COMMITTEE.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 06-1504413

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
3	Indicate which, if any, of the following the 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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and/or 1099-NEC 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) MICHAEL ANDREINI	(i)	404,078.	130,185.	372.	14,000.	19,775.	568,410.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEORGE MULLIGAN	(i)	281,776.	62,620.	26,125.	14,000.	50,920.	435,441.	0.
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHANIE OESTREICH	(i)	322,532.	65,400.	9,827.	14,000.	19,610.	431,369.	0.
MANAGING DIRECTOR, MIF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNE QUINN YOUNG	(i)	279,668.	66,198.	28,720.	14,000.	5,455.	394,041.	0.
CHIEF MISSION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KAREN DIETZ	(i)	208,201.	53,416.	25,597.	12,140.	35,902.	335,256.	0.
SECRETARY, CAO & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATIE WOZNIAK	(i)	207,797.	23,903.	12,490.	7,725.	50,830.	302,745.	0.
VP OF CLINICAL RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GREG RUBENSTEIN	(i)	181,866.	20,910.	18,138.	9,702.	52,120.	282,736.	0.
VP OF MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ASHLEY BLANCHARD	(i)	161,179.	14,438.	13,927.	8,102.	49,499.	247,145.	0.
SR DIRECTOR, STRATEGIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAM SPEER LEWIS	(i)	195,905.	15,000.	13,929.	0.	19,800.	244,634.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALAN HEITNER	(i)	215,412.	0.	15,093.	9,200.	1,506.	241,211.	0.
TREASURER & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRIAN HOCHBERG	(i)	162,899.	13,500.	8,596.	7,902.	48,003.	240,900.	0.
PRINCIPAL GIFT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) HEARN CHO	(i)	170,953.	39,952.	16,647.	9,080.	0.	236,632.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOANNE PUGLIA	(i)	167,694.	13,770.	18,345.	8,060.	4,083.	211,952.	0.
SR DIRECTOR FINANCE, CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) FRANCESCA LAROSA	(i)	156,365.	12,698.	14,088.	7,432.	19,304.	209,887.	0.
SR DIRECTOR, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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:
INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A DISCRETIONARY BONUS DURING CALENDAR YEAR 2025, WHICH WAS INCLUDED IN COLUMN B(II) HEREIN AND IN THEIR 2025 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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	34	625,530.	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 ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	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 3 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.				

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)
(Rev. December 2024)
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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 06-1504413

FORM 990, PART I, LINE 1:
MMRF ACCOMPLISHMENTS FOR 2025

THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC. AND ITS WHOLLY OWNED SUBSIDIARIES, THE MULTIPLE MYELOMA RESEARCH CONSORTIUM, LLC ("MMRC") AND MYELOMA INVESTMENT FUND, LLC ("MIF"), COLLECTIVELY REFERRED TO AS "THE MMRF," IS THE LARGEST NONPROFIT IN THE WORLD SOLELY FOCUSED ON ACCELERATING A CURE FOR EACH AND EVERY MULTIPLE MYELOMA PATIENT. THE MMRF DRIVES THE DEVELOPMENT AND DELIVERY OF NEXT-GENERATION THERAPIES, LEVERAGES DATA TO IDENTIFY OPTIMAL AND MORE PERSONALIZED TREATMENT APPROACHES, AND EMPOWERS MYELOMA PATIENTS AND THE BROADER COMMUNITY WITH INFORMATION AND RESOURCES TO EXTEND THEIR LIVES. CENTRAL TO THE MMRF'S MISSION IS ITS COMMITMENT TO ADVANCING HEALTH EQUITY SO THAT ALL MYELOMA PATIENTS CAN BENEFIT FROM THE SCIENTIFIC AND CLINICAL ADVANCES THEY PURSUE. SINCE ITS INCORPORATION ON JANUARY 13, 1998, THE MMRF HAS COMMITTED OVER $600 MILLION FOR RESEARCH, SUPPORTED NEARLY 100 CLINICAL TRIALS AND RESEARCH STUDIES, AND HELPED BRING OVER 15 FDA-APPROVED THERAPIES TO MARKET, WHICH HAVE TRIPLED THE LIFE EXPECTANCY OF MYELOMA PATIENTS.

IN 2025, THE MMRF INVESTED $27.1M IN CRITICAL RESEARCH PROGRAMS AND PATIENT EDUCATION PROGRAMS FOR MYELOMA PATIENTS. THROUGH THE MYELOMA INVESTMENT FUND (MIF), WE INVESTED IN TWO NEW EARLY STAGE BIOTECH COMPANIES PURSUING INNOVATIVE, POTENTIALLY GAME-CHANGING TREATMENTS FOR MYELOMA. THE HORIZON CLINICAL TRIALS PROGRAMRUN BY THE MULTIPLE MYELOMA RESEARCH CONSORTIUM (MMRC)MEANINGFULLY ADVANCED. THE HORIZON ONE TRIAL, FOCUSED ON RELAPSED/REFRACTORY MYELOMA, SURPASSED MANY OF ITS ENROLLMENT GOALS. HORIZON TWO BEGAN, FOCUSED ON HIGH-RISK, NEWLY DIAGNOSED PATIENTS, BEGAN ACTIVATING SITES AT THE END OF 2025.

FORM 990, PART III, LINE 1:
THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) IS THE LARGEST NONPROFIT IN THE WORLD SOLELY FOCUSED ON ACCELERATING A CURE FOR EACH AND EVERY MULTIPLE MYELOMA PATIENT. WE DRIVE THE DEVELOPMENT AND DELIVERY OF NEXT-GENERATION THERAPIES, LEVERAGE DATA TO IDENTIFY OPTIMAL AND MORE PERSONALIZED TREATMENT APPROACHES, AND EMPOWER MYELOMA PATIENTS AND THE BROADER COMMUNITY WITH INFORMATION AND RESOURCES TO EXTEND THEIR LIVES. CENTRAL TO OUR MISSION IS OUR COMMITMENT TO ADVANCING HEALTH EQUITY SO THAT ALL MYELOMA PATIENTS CAN BENEFIT FROM THE SCIENTIFIC AND CLINICAL ADVANCES WE PURSUE. SINCE OUR INCEPTION, THE MMRF HAS COMMITTED OVER $600 MILLION FOR RESEARCH, SUPPORTED NEARLY 100 CLINICAL TRIALS AND RESEARCH STUDIES, AND HELPED BRING OVER 15 FDA-APPROVED THERAPIES TO MARKET, WHICH HAVE TRIPLED THE LIFE EXPECTANCY OF MYELOMA PATIENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BISPECIFIC ANTIBODY. THE TRIAL SO FAR HAS ENROLLED MORE BLACK PATIENTS AND OLDER ADULTSTWO GROUPS THAT HAVE HISTORICALLY BEEN LEFT OUT OF RESEARCHTHAN MOST MYELOMA TRIALS. HORIZON ONE BECAME THE FIRST-EVER MYELOMA CLINICAL TRIAL IN FLINT, MICHIGAN, AND IT OPENED AT 25 COMMUNITY HOSPITALS AND CLINICS LAST YEAR. ALSO IN 2025, 13 SITES

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

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ENTERED THE START-UP PHASE IN THE HORIZON TWO CLINICAL TRIAL FOCUSED ON HIGH-RISK, NEWLY DIAGNOSED MYELOMA SO THEY COULD FULLY OPEN AND BEGIN SCREENING PATIENTS IN 2026.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
DRAMATICALLY IMPROVES THE ABILITY TO DRIVE MEANINGFUL RESULTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BEYOND THE PROGRAM EXPENSES OUTLINED ABOVE, THE MMRF ALSO SUPPORTS A RANGE OF STRATEGIC INITIATIVES ALIGNED WITH ITS BROADER MISSION. THIS INCLUDES A ROBUST PORTFOLIO OF CUTTING-EDGE BASIC SCIENCE AND TRANSLATIONAL RESEARCH AIMED AT IDENTIFYING NEW THERAPEUTIC TARGETS THROUGH GENOMICS AND PROTEOMICS; VALIDATION STUDIES TO EXPLORE PROMISING COMPOUNDS AND TREATMENT COMBINATIONS; AND INNOVATIVE CLINICAL TRIALS FOCUSED ON NOVEL AND COMBINATION THERAPIES.

FOUNDED BY PATIENTS, THE MMRF IS DEEPLY COMMITTED TO THOSE IMPACTED BY MYELOMA: PATIENTS, FAMILIES, PHYSICIANS, RESEARCHERS, AND INVESTORS. AT THE SAME TIME, THE MMRF DISTINGUISHES ITSELF THROUGH ITS BOLD AND COLLABORATIVE APPROACH. WE GENERATE, ANALYZE, AND SHARE THE LARGEST, MOST COMPREHENSIVE SET OF HIGH-QUALITY MYELOMA DATA, MAKING IT PUBLICLY AVAILABLE TO ACCELERATE PROGRESS. BY BRINGING TOGETHER THE RIGHT PEOPLE, PROGRAMS, AND TECHNOLOGIES, THE MMRF IS DRIVING THE RAPID DISCOVERY OF CURES FOR EACH AND EVERY PATIENT.
EXPENSES $ 16,987,283. INCL GRANTS OF $ 3,576,906. REVENUE $ 70,864.

FORM 990, PART VI, SECTION A, LINE 2:
KATHY GIUSTI, FOUNDER & FORMER CHIEF MISSION OFFICER, AND KAREN ANDREWS, BOARD MEMBER 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:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, OFFICER, OR MEMBER OF A STANDING OR ADVISORY COMMITTEE WITH POWERS DELEGATED BY THE MMRF BOARD OF DIRECTORS WHO MAY HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST (I.E. "INTERESTED PERSON").

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 AUDIT COMMITTEE AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD, MEMBERS OF THE AUDIT 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 AUDIT COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR AUDIT COMMITTEE MEMBERS, AS APPLICABLE, SHALL DECIDE IF A CONFLICT OF

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

Employer identification number 06-1504413

INTEREST EXISTS.

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

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

IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR, OFFICER OR COMMITTEE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR AUDIT COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD OR AUDIT 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 BOARD OF DIRECTORS. COMPENSATION IS BENCHMARKED AGAINST OTHER 501(C)(3)'S, RESEARCH ORGANIZATIONS, THIRD PARTY COMPENSATION DATABASE AND THEN REVIEWED BY THE AUDIT AND FINANCE COMMITTEE. THE COMPENSATION APPROVAL IS DOCUMENTED IN THE MINUTES BY THE COMMITTEE. THIS PROCESS WAS LAST UNDERTAKEN IN 2025.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NY,NC,OR,PA,RI,SC,TN,VA,WI,WV

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

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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.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:	
PROGRAM SERVICE EXPENSES	1,053,065.
MANAGEMENT AND GENERAL EXPENSES	25,938.
FUNDRAISING EXPENSES	1,433,745.
TOTAL EXPENSES	2,512,748.
MEDICAL PROFESSIONALS:	
PROGRAM SERVICE EXPENSES	1,167,026.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	185,889.
TOTAL EXPENSES	1,352,915.
RECRUITING COSTS & TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	181,735.
MANAGEMENT AND GENERAL EXPENSES	21,678.
FUNDRAISING EXPENSES	56,743.
TOTAL EXPENSES	260,156.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,125,819.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL OF ASSETS	-1,590,337.
IMPAIRMENT ON PROGRAMMATIC INVESTMENTS	-3,352,942.
RETURN OF UNSPENT GRANT FUNDS	817,059.
TOTAL TO FORM 990, PART XI, LINE 9	-4,126,220.

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)
(Rev. January 2025)
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 for instructions and the latest information.

OMB No. 1545-0047

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
MYELOMA INVESTMENT FUND, LLC - 47-1162865 383 MAIN AVENUE, 5TH FLOOR NORWALK, CT 06851	VENTURE PHILANTHROPY FUND	DELAWARE	5,119,292.	20,434,115.	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	7,955,376.	6,932,627.	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	(g) No

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

LHA 532161 04-01-25

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

		Yes	No
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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

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:

MYELOMA INVESTMENT FUND, LLC

EIN: 47-1162865

383 MAIN AVENUE, 5TH FLOOR

NORWALK, CT 06851

PRIMARY ACTIVITY: VENTURE PHILANTHROPY FUND

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.

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
	CHARLES COMPUTER SERVICES - EQUIPMENT	12/23/13	SL	5.00		16	29,051.				29,051.	29,051.		0.	29,051.
	CHARLES COMPUTER SERVICES - EQUIPMENT	10/08/14	SL	5.00		16	16,587.				16,587.	16,587.		0.	16,587.
	CHARLES COMPUTER SERVICES - EQUIPMENT	12/22/14	SL	5.00		16	9,057.				9,057.	9,057.		0.	9,057.
	COMPUTER	06/27/16	SL	5.00		16	1,922.				1,922.	1,922.		0.	1,922.
	COMPUTER	07/12/16	SL	5.00		16	2,131.				2,131.	2,131.		0.	2,131.
	COMPUTER	09/27/16	SL	5.00		16	1,261.				1,261.	1,261.		0.	1,261.
	MAYO CLINIC	12/01/15	SL	5.00		16	59,104.				59,104.	59,104.		0.	59,104.
	DATTO APPLIANCE	01/01/17	SL	5.00		16	3,954.				3,954.	3,954.		0.	3,954.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						123,067.				123,067.	123,067.		0.	123,067.
	PROGRAM SERVICES														
	SAGE SOFTWARE	12/31/07	SL	5.00		16	43,925.				43,925.	43,923.		0.	43,923.
	I-BOX STORAGE	06/01/12	SL	5.00		16	7,500.				7,500.	7,500.		0.	7,500.
	COMMPASS PLATFORM	12/01/12	SL	3.00		16	180,000.				180,000.	180,000.		0.	180,000.
	GENOSPACE SOFTWARE	10/21/13	SL	3.00		16	200,000.				200,000.	200,000.		0.	200,000.
	LABVANTAGE	12/01/15	SL	5.00		16	214,438.				214,438.	214,438.		0.	214,438.
	TISSUE TRACKING SYSTEM	07/01/15	SL	3.00		16	12,238.				12,238.	12,238.		0.	12,238.
	WEBSITE - 3	12/31/17	SL	3.00		16	185,710.				185,710.	185,710.		0.	185,710.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ARIS GLOBAL- MAY 1, 2015-ELO-RVD CTMS	05/01/15	SL	3.00		16	27,632.				27,632.	27,632.		0.	27,632.
	ARIS GLOBAL -JAN 1, 2015 - ECRF	01/01/15	SL	3.00		16	27,634.				27,634.	27,634.		0.	27,634.
	ARIS GLOBAL- JAN 1, 2015 - CTMS	01/01/15	SL	3.00		16	102,880.				102,880.	102,880.		0.	102,880.
	ARIS GLOBAL - MAY 18, 2016 - CTMS	05/18/16	SL	3.00		16	60,255.				60,255.	60,255.		0.	60,255.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						1,062,212.				1,062,212.	1,062,210.		0.	1,062,210.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,185,279.				1,185,279.	1,185,277.		0.	1,185,277.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.	06-1504413

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☐ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☐ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

OPNA BIO SA

5a **Identifying number**, if any

6 Address (including country)

ROUTE DE LA CORNICHE 6
LAUSANNE, VAUD 1066 SWITZERLAND

5b Reference ID number

OPNABIOSA

7 Country code of country of incorporation or organization

SZ

8 Foreign law characterization (see instructions)

CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2025		352,675.		

10 Was cash the only property transferred? ..... [X] Yes [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] Yes [ ] No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] Yes [ ] No

If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] Yes [ ] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] Yes [ ] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] Yes [ ] No

If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 1.400 % **(b)** After 1.690 %

17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No