Dear Friends,

2014 was a year of ground-breaking advancements and attainment of new milestones by the MMRF/C that are accelerating the transformation of the treatment landscape for multiple myeloma.

We are at a critical point in time where data and technology converge in ways that will undoubtedly accelerate cures. The focus of the MMRF Campaign is to raise $100M in funding to fuel data and diagnostics, create world class networks of expertise, build collaborative platforms and analytic tools and drive new treatments to the clinic with more urgency than ever before.

Over the three year duration of the Campaign, the MMRF will leverage unprecedented opportunities with genomic sequencing and clinical “big data” that will accelerate cures for multiple myeloma while serving as a model for other cancers as well.

By working with the best scientists in academia and the pharmaceutical/biotech industry, we have prioritized three key scientific pillars for changing the landscape in cancer research: the Data Bank, the Learning Network and the Clinic. No other organization has built such a model – an engine to aggregate and integrate high-quality data, share the data with researchers across the globe, build partnerships to drive data analytics and advance the highest priority treatments to make precision medicine a priority.

This is the model that will cure cancer. Like many cancers, multiple myeloma is complex and dynamic and requires an ongoing pipeline of new treatments to address all subtypes. We are committed to finding cures for all myeloma patients.

Sincerely,

Walter Capone
President and CEO
Multiple Myeloma Research Foundation
In October 2014, the MMRF held the first planning meeting for a Multiple Myeloma Master Protocol involving the US Food and Drug Administration (FDA), National Cancer Institute (NCI), Foundation for the National Institutes of Health (FNIH), key investigators, and industry partners in Washington, D.C., bringing the promise of precision medicine by matching patients to treatments based on their molecular alterations. At this pivotal meeting, an agreement was obtained to begin finalizing the MM Master Protocol details and to engage industry and government for funding and drug access. This outcome was attained within six months of an initial FDA meeting in April on the concept of launching a novel, multi-center, multi-arm, molecularly targeted clinical trial in relapsed multiple myeloma patients to accelerate targeted drugs for myeloma patients.

MMRF 2014 Highlights

Among our 2014 notable accomplishments were:

- A record-high ten new clinical trials launched by the MMRC in 2014
- Public launch of the $100M MMRF 3-Year Capital Campaign and new MMRF Corporate Website
- A landmark FDA/NCI/FNIH/KOL/Industry consensus meeting on the first ever MM Master Protocol
- CoMMpassSM total enrollment reached 803/1,000 patients with 84 active sites; interim analyses include:
  - Interim Analysis 6 (IA6) released to our Pre-Competitive Consortium (PMIC); comprised of 620 enrolled patients; 363 cases with full sequencing completed
  - Interim Analysis 4 (IA4) was released to the public via the MMRF Researcher Gateway; comprised of 278 enrolled patients and 95 cases with full sequencing
- The data included the first comparisons of molecular changes that occurred at diagnosis and at points of progression from the same patient
- An analysis of the CoMMpass genomics data was presented in December, 2014 at the Annual Meeting of the American Society of Hematology (ASH) in San Francisco. The complete sequencing data from these patients identified new genomic changes, including many that may be associated with disease onset.
- An exciting new collaboration was initiated with Gene Networks Science (GNS) for analysis of CoMMpass data focused on novel pathway, biomarker and disease model discovery/development

“It is important for those who support the MMRF to know that they are helping to develop the next generation of young bright scientists into the field of multiple myeloma.”

John Carpten, PhD
Deputy Director of Basic Science
Translational Genomics Institute (TGEN)
MMRF Research Fellow Mentor
As the MMRF Moves Forward

The MMRF will continue to accelerate the development of new drug therapies and therapeutic approaches for molecular targets associated with the development and progression of multiple myeloma over the next several months.

In 2015, the MMRF plans to open at least 8-10 clinical trials. Among those trials starting this year are the first for patients with specific molecular alterations including p53 (del17p).

**MMRF Research Grants Summary 2014**

**MMRF Senior Research Award**

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Institution</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qing Yi</td>
<td>Cleveland Clinic, Cleveland, OH</td>
<td>Role of osteoclasts in immunosuppression in myeloma</td>
</tr>
<tr>
<td>Kari Hemminki</td>
<td>German Cancer Research Center, Heidelberg, Germany</td>
<td>Genomic changes in plasma cell transformation to myeloma in vivo</td>
</tr>
<tr>
<td>David Toczyski</td>
<td>University of California, San Francisco, CA</td>
<td>Identifying Ubiquitin ligase substrates important for myeloma progression</td>
</tr>
<tr>
<td>Stephen Nutt</td>
<td>Walter and Eliza Hall Institute of Medical Research, Victoria, Australia</td>
<td>How do BLIMP1/PRDM1 and XBP1 act as tumor suppressors in multiple myeloma</td>
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<tr>
<td>Mike Chapman</td>
<td>University of Cambridge, UK</td>
<td>A proteomic approach to discover novel monoclonal antibody targets</td>
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**MMRF Research Fellow Award**

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Institution</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Kim Chan Chung</td>
<td>University Health Network, Toronto, Ontario, Canada</td>
<td>Towards small molecule GRK6 inhibitors as therapeutics for multiple myeloma</td>
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<tr>
<td>John Simmons</td>
<td>National Cancer Institute, Washington, D.C.</td>
<td>A systems approach for identifying potential drug combinations in myeloma</td>
</tr>
<tr>
<td>Jens Lohr</td>
<td>Dana Farber Cancer Institute Boston, MA</td>
<td>Determining the mutational profile of circulating multiple myeloma cells</td>
</tr>
<tr>
<td>Eric Smith</td>
<td>Memorial Sloan Kettering Cancer Center, NYC</td>
<td>Chimeric antigen receptor modified T cells for multiple myeloma</td>
</tr>
<tr>
<td>Mohit Verma</td>
<td>Jackson Labs, Bar Harbor, ME</td>
<td>Development of preclinical humanized mouse model of multiple myeloma</td>
</tr>
<tr>
<td>Teresa Ezponda-Itoiz</td>
<td>University of Navarra, Spain</td>
<td>Epigenetic deregulation by loss of the histone demethylase UTX in multiple myeloma</td>
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</tbody>
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*The MMRF acknowledges generous contributions from Amgen, Bristol-Myers Squibb, Celgene, Genentech, Novartis, Onyx, and Takeda Oncology in support of the awards.*
Financial Summary

MMRF 2014 Source of Funds*

- 35% Events
- 26% Private Foundations
- 29% Healthcare Corporations
- 10% Individuals
- 2% Other

*Based on gross revenue

MMRF 2014 Spending Allocations

- 86.4% Research Awards and Programs
- 11.2% Fundraising
- 2.4% Administrative Costs
- 25% Education
- 12% Translational Research
- 54% Clinical Research
- 8% Basic Science
### Support and Revenue

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>Contributions</td>
<td>$10,216,080</td>
<td>$9,275,518</td>
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<td>Private foundation grants</td>
<td>7,850,301</td>
<td>6,676,708</td>
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<td>Fee for service</td>
<td>878,000</td>
<td>810,010</td>
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<td>In-kind contribution</td>
<td>197,815</td>
<td>150,521</td>
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<td>Special Events</td>
<td></td>
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<td>Special events support</td>
<td>10,261,158</td>
<td>8,960,970</td>
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<tr>
<td>Less special events expenses</td>
<td>(2,927,000)</td>
<td>(2,567,606)</td>
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<td>Investment return</td>
<td>99,223</td>
<td>66,306</td>
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<td><strong>Total support and revenue</strong></td>
<td><strong>26,575,577</strong></td>
<td><strong>23,370,427</strong></td>
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### Expenses

#### Program

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<th>2014</th>
<th>2013</th>
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<tr>
<td>Research</td>
<td>16,721,987</td>
<td>16,571,611</td>
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<tr>
<td>Education</td>
<td>3,352,633</td>
<td>2,367,890</td>
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<tr>
<td>Awareness</td>
<td>2,323,773</td>
<td>1,472,244</td>
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<tr>
<td><strong>Total program Expenses</strong></td>
<td><strong>22,398,393</strong></td>
<td><strong>20,411,745</strong></td>
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#### Supporting services

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<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>630,755</td>
<td>550,709</td>
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<tr>
<td>Fundraising</td>
<td>2,895,145</td>
<td>2,354,842</td>
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<td><strong>Total supporting services</strong></td>
<td><strong>3,525,900</strong></td>
<td><strong>2,905,551</strong></td>
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<tr>
<td><strong>Total expenses</strong></td>
<td><strong>25,924,293</strong></td>
<td><strong>23,317,296</strong></td>
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### Change in net assets

<table>
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<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>651,284</td>
<td>53,131</td>
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<tr>
<td>Net assets, beginning of year</td>
<td>15,867,189</td>
<td>15,814,057</td>
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<tr>
<td>Net assets, end of year</td>
<td>18,763,718</td>
<td>15,867,188</td>
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</table>

*At the end of 2014, the Multiple Myeloma Research Consortium was merged into the Multiple Myeloma Research Foundation.*
2014 Corporate Information

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