			EXTENDED TO AUGUST 15, 202		OMB No. 1545-0047	
_	0	<b>ON</b>	Return of Organization Exempt From		0000	
Form <b>990</b>		30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	s) <b>ZUZZ</b> Open to Public		
Depa	Department of the Treasury Internal Revenue Service Control of the S					
_				SEP 30, 2023	Inspection	
_	Check if		f organization	D Employer identific	ation number	
	applicab	le:	5			
	Addre	ge INTE	RNATIONAL MYELOMA FOUNDATION			
	Name Chang	ge Doing b	usiness as	95-429691	L9	
	Initial returr	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s			
	Final returr termi	n	COLDWATER CANYON AVE. SUITE 300	818-487-7		
_	ated ⊐Amer	City or to	own, state or province, country, and ZIP or foreign postal code IO CITY, CA 91604	G Gross receipts \$	16,752,420.	
	_lreturr ∏Appli		nd address of principal officer: YELAK BIRU	H(a) Is this a group re for subordinates		
	tion pend		COLDWATER CANYON AVE., SUITE 300, STUI			
1	Гах-ех	empt status:			list. See instructions	
	Webs		MYELOMA.ORG	H(c) Group exemption		
κ	orm o	f organization:	X Corporation Trust Association Other L	Year of formation: 1990 M		
Pa	art I	Summary				
¢	1	Briefly describ	e the organization's mission or most significant activities: DEDICATE	D TO IMPROVING	; THE	
Governance			OF LIFE OF MYELOMA PATIENTS WHILE WOR			
erni	2	Check this bo		1 1		
20C	3				<u>20</u> 19	
			lependent voting members of the governing body (Part VI, line 1b)	·····	50	
Activities &	6		of volunteers (estimate if necessary)		0	
ctiv	7a		d business revenue from Part VIII, column (C), line 12		0.	
Ă	b		business taxable income from Form 990-T, Part I, line 11		0.	
				Prior Year	Current Year	
¢	8	Contributions	and grants (Part VIII, line 1h)	17,808,047.	16,285,176.	
Revenue	9	•	ce revenue (Part VIII, line 2g)	6,770.	23,217.	
Sev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)	247,858.	437,293.	
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	<u>0.</u> 16,745,686.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,650.	263,667.	
	13   14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.	
	46	· · ·		7,666,529.	7,251,420.	
Ises	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses	. ь	Total fundraisi	r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>1,133,659.</u>			
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	8,939,853.	10,896,030.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,819,032.	18,411,117.	
	19	Revenue less	expenses. Subtract line 18 from line 12	1,243,643.	-1,665,431.	
		Beginning of Current Year	End of Year			
Ssei	20	Total assets (F		18,463,467. 6,761,429.	<u>18,245,423.</u> 7,727,579.	
let A	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	11,702,038.	10,517,844.	
	art II			11,102,000	10,517,014.	

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	Signature of officer	Date				
-	YELAK BIRU, PRESIDENT	07-15-2024				
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date	Check PTIN				
Paid	NAZ AFSHAR 07-10-2	2024 self-employed P00441843				
Preparer	Firm's name GURSEY SCHNEIDER LLP ( )	Firm's EIN 95-3309779				
Use Only	Firm's address 2121 AVENUE OF THE STARS SUITE 1300					
	LOS ANGELES, CA 90067	Phone no. (310) 552-0960				
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					
n	THE COMPANY THE O HOD ODGINITERMINAN MIGGION COMPANY					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) INTERNATIONAL MYELOMA FOUNDATION	95-4296919	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly describe the organization's mission:		
	DEDICATED TO IMPROVING THE QUALITY OF LIFE OF MYELOMA F	ATIENTS WHILE	
	WORKING TOWARD PREVENTION AND A CURE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services		XNo
U	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 ot		d
	revenue, if any, for each program service reported.	,	
4a		evenue\$	)
	RESEARCH - THE INTERNATIONAL MYELOMA FOUNDATION (IMF) I	IS THE LEADER I	N
	GLOBALLY COLLABORATIVE MYELOMA RESEARCH. IMF SUPPORTS I		
	RESEARCH AND HAS AWARDED OVER 151 GRANTS TO TOP JUNIOR		
	RESEARCH SCIENTISTS SINCE 1995. IN ADDITION, IMF BRINGS		
	WORLD'S LEADING EXPERTS IN THE MOST SUCCESSFUL AND UNIC		I
	THE INTERNATIONAL MYELOMA WORKING GROUP, WHICH IS PUBLI		
	PRESTIGIOUS MEDICAL JOURNALS, CHARTING THE COURSE TO A	-	IG
	THE NEXT GENERATION OF INNOVATIVE INVESTIGATORS, AND IM THROUGH BETTER CARE. THE BLACK SWAN RESEARCH INITIATIVE		
	MULTINATIONAL CONSORTIUM OF LEADING MYELOMA EXPERTS WHO		IC
	NEW TECHNOLOGIES AND THE LATEST MYELOMA TREATMENTS TO F		
	A CURE. THE BLACK SWAN RESEARCH STRATEGY CAPITALIZES ON		10
4b	2 0 4 0 0 2 0	evenue \$	)
	EDUCATION AND AWARENESS - ALTHOUGH IT IS THE SECOND MC		)D (
	CANCER, MULTIPLE MYELOMA IS STILL A RELATIVELY UNKNOWN	DISEASE. FOR	
	MANY PATIENTS AND THEIR CAREGIVERS, IT IS AT DIAGNOSIS	WHEN THEY FIRS	ST
	HEARD THE WORD "MYELOMA". IMF RECOGNIZES THE NEED FOR C		
	EDUCATION PROGRAMS FOR BOTH THE PATIENT AND THE PHYSICI		
	THAT PATIENTS ARE DIAGNOSED CORRECTLY AND TREATED EFFEC		
	LIBRARY OF MORE THAN 100 PUBLICATIONS FOR PATIENTS, CAR		
	HEALTHCARE PROFESSIONALS, IS AVAILABLE FREE OF CHARGE.		
	UPDATED ANNUALLY AND AVAILABLE IN MORE THAN 19 INTERNAT THE IMF EMPOWERS PATIENTS AND THEIR CAREGIVERS TO JOIN		5.
	PROVIDERS AS ACTIVE DECISION-MAKING PARTNERS, LEADING T		
	POSSIBLE QUALITY OF LIFE FOR EACH INDIVIDUAL MYELOMA PA		ק
40	1 4 51 0 2 4	evenue \$	)
	PATIENT AND FAMILY SEMINARS: THE IMF'S PATIENT AND FAM		/
	PRESENT VITAL INFORMATION ABOUT NEW TREATMENTS AND CLIN		
	PROVIDE TIME WITH MYELOMA SPECIALISTS IN INTIMATE SETTI	NGS, AND ALLOW	1
	PARTICIPANTS TO SHARE THEIR PERSONAL EXPERIENCES AND SU		٤
	MYELOMA EXPERTS VOLUNTEER THEIR TIME TO THE SEMINARS, T		
	PATIENTS AND THEIR FAMILIES TO MAKE EDUCATED TREATMENT		RED
	TO THEIR NEEDS. IN ADDITION TO PATIENT AND FAMILY SEMIN	•	
	FACILITATES REGIONAL COMMUNITY WORKSHOPS, WHICH SERVE A		
	SEMINARS IN SMALLER CITIES TO EXPAND THE REACH OF IMF F		
	UP-TO-DATE INFORMATION ON MYELOMA CARE, SUPPORT AND TRE WIDER AUDIENCE AT NO CHARGE.	MIMENT TO A	
	MIDER RODIENCE AI NO CHARGE.		
۵d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ 4,689,328 · including grants of \$ 67,000 · ) (Revenue \$	23,217.)	
4e	Total program service expenses 16, 397, 425.		

Form **990** (2022)

Form	990	(2022)

Form 990 (2022) INTERNATIONAL MYELOMA FOUNDATION
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	Х	
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		<u>X</u>
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,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			37
	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			37
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	x	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZd		12a	x	
Ь	Schedule D, Parts XI and XII	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the summination projection of the summary summary such is the third of the United Otates O	14a	x	
b	Did the organization maintain an office, employees, or agents outside of the United States?	144		
	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		х
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		Х
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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	

Form 990 (2022)

Form 990 (	2022)	INTERNATIONA	
Part IV	Checklis	t of Required Schedules $_{(}$	(continued)

22       Did the organization report more than \$5,000 of prants or other assistance to or for domestic individuals on Part IX, column (J), line 27 at IV veg. "complete Schedule I, Part I and III       22         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 amployees? If Yes, "complete Schedule I.       23         24       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, it at west issued after December 31, 2002? If Yes, "answer lines 24 through 24 at an complete Schedule K. If You," yo to line 25a         24a       Did the organization invest my proceeds of tax-exempt bonds buyed a temporary period exception?       24a         25a       Section 501(c)(A), 501(c)(A), and 501(c)(29) organizations. Did the organization angle in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person of uning the year? If Yes, "complete Schedule L, Part I       25a         25a       Did the organization neuron of any of the organization prior Forms 900 e90 E27 If Yes, "complete Schedule L, Part I       25a         25b       Did the organization prior 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 3256.       26b         27       Did the organization provide a grant or other assistance to any curent or former officer, director, trustee, key e	Yes	No
22       Did the organization answer "Yes" to Part VII, Section A, the S, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.       23         24a       Did the organization have a tax exempt bond issue with an oudstanding principal amount of more than \$100,000 and the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. With was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule A, If "No," go to line 25a       24a         Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a         25b       Did the organization exerce and y of the organization's prior Forme 500 or 590-E27. If "Yes," complete Schedule L, Part I       25a         27b       Did the organization appring the year? If "Yes," complete Schedule L, Part I       25a         27b       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 angologie bare person? If "Yes," complete Schedule L, Part II       27b         27b       Did the organization report any amount on Part X, line 5 or 22, for receivables from or p		
22       Did the organization answer "Yes" to Part VII, Section A, the S, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.       23         24a       Did the organization have a tax exempt bond issue with an oudstanding principal amount of more than \$100,000 and the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. With was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule A, If "No," go to line 25a       24a         Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a         25b       Did the organization exerce and y of the organization's prior Forme 500 or 590-E27. If "Yes," complete Schedule L, Part I       25a         27b       Did the organization appring the year? If "Yes," complete Schedule L, Part I       25a         27b       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 angologie bare person? If "Yes," complete Schedule L, Part II       27b         27b       Did the organization report any amount on Part X, line 5 or 22, for receivables from or p		X
Schedule J       22         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.", to thin 25a       24a         24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         25 Did the organization maintain an encrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         25 Botton 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d         25 Botton 501(c)(3), 501(c)(4), and 501(c)(20) organizations prior Forms 900 or 990-E27. If 'Yes,' complete Schedule L, Part I       25a         26 Did the organization report any amount on Part X, line 5 or 22, for necessables from or payables to any current or former former 300 or 990-E27. If 'Yes,' complete Schedule L, Part I       25b         26 Did the organization provide a grant or ther assistance to any current or former force, directry, truste, key employee, creator or founder, substantial contributor, or 30% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26         27 Did the organization provide a grant or ther assistance to any current or former force, directry, truste, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part III.       27e         270 Did the organization provide spansatistance to		
24a       Det 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 1 No." go to line 25a.       24a         24a       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         24a       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24c         24a       Did the organization invest any proceeds of tax-exempt bonds bound and the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I       25a         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         25b       Did the organization avere that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bear reported on any of the organization on pay bables to any current or former officer, director, truste, 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         27       Did the organization aperty but to a business transactor with one of any of these persons? If Yes," complete Schedule L, Part II       27         28       Did the organization capex the organization aperty to a business tra		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a       Schedule K, If "No," go to line 25a.     24a       b Did the organization maintain an encrow account other than a refunding secrow at any time during the year to defease any taxe-sempt bond?     24d       c Did the organization maintain an encrow account other than a refunding secrow at any time during the year to defease any taxe-sempt bond?     24d       d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year?     24d       25a Section 501(c)3), 501(c)40, and 501(c)200 organizations. Did the organization engage 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 prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part I     25a       25b Did the organization propt 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 including an employee thereo() or tany of these persons? If "Yes," complete Schedule L, Part II     26       26a Was the organization provide thereof or tany of these persons? If "Yes," complete Schedule L, Part II     26       27b Ub the organization provide thereof or tany of these person? If "Yes," complete Schedule L, Part II     27a       27b Was the organization provide thereof or tany of these person? If "Yes," complete Schedule L, Part II     27a       27b Did the organization provide thereof or tany of these person? If "Yes," complete Sched	Х	
Schedule K, If 'No;' go to line 25a       24a         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 ofter than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         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?       24d         25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations is pior Forms 900 or 990-E27. If 'Yes,' complete Schedule L, Part I       25a         b is the organization are 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 pior Forms 900 or 990-E27. If 'Yes,' complete Schedule L, Part I       25b         25b Did the organization are port any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II       26         27 Did the organization capity to a business transaction with one of the following parties (see the Schedule L, Part II       27         28 Was the organization ceive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part II       28         28 A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part II       28 <t< th=""><td></td><td></td></t<>		
Schedule K, If 'No;' go to line 25a       24a         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 ofter than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         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?       24d         25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations is pior Forms 900 or 990-E27. If 'Yes,' complete Schedule L, Part I       25a         b is the organization are 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 pior Forms 900 or 990-E27. If 'Yes,' complete Schedule L, Part I       25b         25b Did the organization are port any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II       26         27 Did the organization capity to a business transaction with one of the following parties (see the Schedule L, Part II       27         28 Was the organization ceive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part II       28         28 A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part II       28 <t< th=""><td></td><td></td></t<>		
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?       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?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990/E2? II "Yes," complete Schedule L, Part I       25a         25b       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         27D       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 35% controlled entity on clausines transaction with one of the following parties (see the Schedule L, Part II       27         28       Was the organization receive more than 1282n' II 'Yes," complete 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, substantial contributor? II 'Yes," complete Schedule L, Part IV.       28a         29       Did the organization receive more than 1282,000 in non-cash contributions? If 'Yes, ' complete Schedule M.		X
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?       22d         25a Section 501(c)(a), 501(c)(a), and 501(c)(29) organizations. Did the organization engage 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 is prior Forms 990 or 990 E2? If 'yes,' complete Schedule L, Part I       25a         25b 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         27D Did the organization provide a grant or other assistance to any out these persons? If 'Yes,' complete Schedule L, Part II       27         28Was the organization provide a grant or other assistance to any of these persons? If 'Yes,' complete Schedule L, Part II       27         28Was the organization rovide thereof of a multip member of any of these persons? If 'Yes,' complete Schedule L, Part II       27         28Was the organization receive more than \$250.00 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28         29Was the organization requires words that \$250.00 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28         29D Did the organization isquidat, terminate, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       244         25a Section 501(c)(3), 501(c)(A), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (I''ves,' complete Schedule L, Part I       25a         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 cr300 cr305.       25b         26a       Did the organization organization's prior Forms 990 or 990 cr305.       27c       "rives," complete Schedule L, Part I       25a         27a       Did the organization organization organization organization organization organization organization provide a grant or other essistance 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         27       Was the organization provide a grant or other substance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       27         28       Was the organization receive most transaction with one of the following parties (see the Schedule L, Part IV.       28         29       Mariny member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28         30       A tarriny to business transaction wi		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       244         25a Section 501(c)(3), 501(c)(A), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (I''ves,' complete Schedule L, Part I       25a         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 cr300 cr305.       25b         26a       Did the organization organization's prior Forms 990 or 990 cr305.       27c       "rives," complete Schedule L, Part I       25a         27a       Did the organization organization organization organization organization organization organization provide a grant or other essistance 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         27       Was the organization provide a grant or other substance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       27         28       Was the organization receive most transaction with one of the following parties (see the Schedule L, Part IV.       28         29       Mariny member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28         30       A tarriny to business transaction wi		
transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part 1       25a         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-E27. # "Yes," complete Schedule L, Part 1       25b         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? # "Yes," complete Schedule L, Part II       26         27 Did the organization approved a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thresof) or family member of any of these persons? If "Yes," complete Schedule L, Part II       27         28 Was the organization approved the set 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, substantial contribution? # "Yes," complete Schedule L, Part IV       28a         29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M       20         30 Did the organization neoplete Schedule M       20         31 Did the organization neocive more than \$25,000 in non-cash contributions? # "Yes," complete Sch		
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       250         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 style       261         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 II       27         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II.       28         29       Did the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule L, Part IV       28         29       Did the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule N, Part I       30         30       Did the organization convert or dispose of, or transfer more than 25% of ths ret assets? If "Yes," complete Schedule N, Part I       30         31       Did the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule N, Part I       30         34       Did the org		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /f *Yes,* complete       25b         Schedule L, Part I       25b         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%       26b         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 anyloyee 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 II       27         20 Was the organization 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         28 A family member of any individual described in line 28a? If "Yes,* complete Schedule L, Part IV       28a         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,* complete Schedule M       29         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,* complete Schedule N, Part I       31         30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,* complete Schedule N, Part I       31         31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,* complete Schedule N, Part I       31		X
Schedule L, Part I       25b         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? // "Yes," complete Schedule L, Part II       26         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, grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II       27         28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28         29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributors? // "Yes," complete Schedule L, Part IV.       28a         20 Did the organization ceive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M.       28         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule N.       31         31 Did the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule N. Part II.       31         32 Did the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule N. Part II.       33         32 Did the organization related to any tax-exempt or taxable entity?		
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 of raminy member of any of these persons? // "Yes," complete Schedule L, Part II       26         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? // "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       27         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):       28         a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "?"         ** complete Schedule L, Part IV       28a         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization sele, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31         31       Did the organization receive contributions of art, historical treasures, or qualified conservation contributions? If "Yes," complete Schedule M, Part II       31		
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26         27       Did the organization provide a grant or othera ssistance 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 II       27         28       Was the organization 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.       28a         b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.       28a         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.       29a         30       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.       20         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule A, Part I       31         32       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, III, or IV, and Part V, line 1		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26         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 II       27         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         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       21         31       Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I       31         32       Did the organization neceive controlled ons of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I       31         33       Did the organization neceive any tarsection the organization under Regulations sections \$1.7701-3 and 301.7701-3? If "Yes," complete Schedule R, Part		
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         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         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28a         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       28a         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         31       Did the organization neally of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33         34       Was the organization nealed to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, IIII, or IV, and Part V, line 1<		
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? // *'9s," complete Schedule L, Part II.       27         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? // ff "Yes," complete Schedule L, Part IV.       28a         b A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV.       28a         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // *Yes," complete Schedule L, Part IV.       28a         29 Did the organization receive more than \$25,000 in non-cash contributions? // ff "Yes," complete Schedule N, Part I       30         31 Did the organization iseli, exchange, dispose of, or transfer more than 25% of its net assets? // ff 'Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // ff 'Yes," complete Schedule N, Part I       31         33       Bid the organization receive on orthor to taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       32         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		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III       27         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):       28         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "Yes," complete Schedule L, Part IV       28a         29       Did the organization receive oner more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive onor more individuals and/or organizations described in line 28a r 28b? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       29         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         32       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 II, III, or IV, and Part V, line 1       33         33       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         bif the organization and tax exampt or taxable ent		
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         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         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         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30         32       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         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         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       35a         35a       Did the organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36		
instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i></li></ul>		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ///       28a         b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV       28a         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ///       28b         29       Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? /// "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I       32         33       Did the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         b If "Yes," complete Schedule R, Part V, line 2       35b         35       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36         36       Section 501(c)(3) organizations. Did the organization m		
"Yes," complete Schedule L, Part IV       28a         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28c         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30         31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       31         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         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         34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         35a Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2       35         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37         37 Did the o		
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b         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         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         32 Did the organization receive contributions 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       32         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         35a Did the organization nearby of the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36 Mid the organization. Did the organization make any transfers to an exempt non-charitable related organization?       37         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37         37 Did the organization complete Schedule O and provide explanations on Schedule O for		
c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //f       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? // f "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // f "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? // f "Yes," complete Schedule N, Part I       31         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? /f "Yes," complete Schedule R, Part I       32         33       Was the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         34       Was the organization nee a controlled entity within the meaning of section 512(b)(13)?       35a         b       If "Yes," complete Schedule R, Part V, line 2       35b         35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? /f "Yes," complete Schedule R, Part VI       36         35b       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?		X
"Yes," complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30         31       Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I       33         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         36       If "Yes," complete Schedule R, Part V, line 2       35b         37       Did the organization. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         38       Bection 501(c)(3) organization. Complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37 <td></td> <td>X</td>		X
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32         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       32         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       34         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         35a       Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36         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," comple		
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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         1a       1a         1a       1a         1a       1a		
Check if Schedule O contains a response or note to any line in this Part V         1a       1a         1a       39	X	<u> </u>
1a    Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable    1a    39		
	Yes	No
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<ul> <li>Did the erganization comply with backup withbulding rules for reportable payments to yonders and reportable gaming</li> </ul>		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) INTERNATIONAL MYELOMA FOUNDATION 95-4296	919	Р	<sub>age</sub> 5
Par	t 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 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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	Зb		
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
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
а	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		
с	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			
	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		Х
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?			x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16		16		x
10	Is the organization an educational institution subject to the section 4968 excise tax on het investment income?			
17				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990	(2022)
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### INTERNATIONAL MYELOMA FOUNDATION

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X

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 res	sponse or note to any line in this Part V	/
		· · · · · · · · · · · · · · · · · · ·

Sec	tion 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		20			
	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		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?		-		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			· [			
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			F	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			···· <b>F</b>	5		Х
6	Did the organization have members or stockholders?			[	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-						
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			· [			
	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	befor	e filing the form?	· [	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			I	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe	ſ			
	on Schedule O how this was done	, ,		. [	12c	Х	
13	Did the organization have a written whistleblower policy?			[	13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			[	15a	Х	
	Other officers or key employees of the organization				15b	Х	
	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 arrangem	nent w	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			[			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			[	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AZ, AR, C.	A,C	O, CT, DC, E	ΥĽ,	GA,	HI,	IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an						
	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
	JENNIFER SCARNE - 818-487-7455

Part VII	Compensation of Officers,	Directors, Tru	stees, Key Er	mployees, H	lighest C	ompensated
	Employees, and Independe	ent Contractor	S			

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 all of the organization's **current** key employees, it any. See the instructions to deminitor of key employees.

• 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.

Name and tille         Average hours per veck (list ary bours for weak bours per veck (list ary bours for below blow blow blow blow blow blow blow b	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veek (its any bours for veek (its any bours for velated organizations (it) JOSEPH MIKHAEL (1) JOSEPH MIKHAEL (1) JOSEPH MIKHAEL (2) YELAK BIRU (2) YELAK BIRU (2) YELAK BIRU (2) YELAK BIRU (3) DIANE MORAN (4) DO. (3) JEANE MORAN (4) DO. (3) JEANE MORAN (4) DO. DIANE MORAN (5) JEANETYER (5) JEANETYER (6) JUSAN DURIE DIRECTOR (7) LISA PAIK (3) DEVISER (6) JUSAN DURIE DIRECTOR (6) JUSAN DURIE DIRECTOR (6) JUSAN DURIE DIRECTOR (6) JUSAN DURIE DIRECTOR (6) JUSAN DURIE DIRECTOR (7) LISA PAIK (3) PETER ANTON VICE PRESIDENT (4) DARK MARETING (5) JEANETYER (4) DARK (6) JUSAN DURIE DIRECTOR (6) JUSAN DURIE DIRECTOR (6) JUSAN DURIE DIRECTOR (7) LISA PAIK (3) DEVISION (7) DEVISION	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Veek (list any hours for related organizations below line)         week (list any hours for related organizations line)         inter the generation generation organizations (W2/1099-MISC/ 1099-NEC)         one compensation from the organizations (W2/1099-MISC/ 1099-NEC)           (1) JOSEPH MIKHARL         40.00         x         455,869.         0.         16,868.           (2) VELAK BIRU         40.00         x         x         455,869.         0.         16,868.           (3) JOANE MORAN         40.00         x         x         409,891.         0.         15,369.           (4) DR. BRIAN DURIE         1.00         x         281,385.         0.         20,241.           (5) JENNFER SCARNE         40.00         x         226,967.         0.         28,716.           (7) LISA PAIK         40.00         x         2257,083.         0.         23,854.           (8) BUSAN DURIE         40.00         x         228,343.         0.         28,760.           (1) LISA PAIK         40.00         x         0.         0.         0.         0.           (10) JACK AIELO         1.00         x         0.         0.         0.         0.           (11) CHARTER RATION         40.00         x         0.         0.         0.         0. </td <td></td> <td>hours per</td> <td>box,</td> <td>, unles</td> <td>ss pei</td> <td>rson i</td> <td>s both</td> <td>n an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>		hours per	box,	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
(1)         JOSEPH MIKHAEL         40.00         X         455,869.         0.         16,868.           CHIFF MEDICAL OPPICER         40.00         X         X         412,083.         0.         17,822.           (3)         TELAMER         40.00         X         X         412,083.         0.         17,822.           (3)         TEAME OF LANNER         X         409,891.         0.         15,369.           (4)         DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5)         JENNIFER SCARNE         40.00         X         281,385.         0.         20,241.           (6)         SUBAN DURLE         40.00         X         256,967.         0.         28,716.           (7)         LISA PAIK         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         0.         0.         0.           (4)         JUNN GREEN         40.00         X         0.         0.         0.           (10)         JUNN GREEN				cer an	aaa	Irecto	r/trus	tee)			
(1)         JOSEPH MIKHAEL         40.00         X         455,869.         0.         16,868.           CHIFF MEDICAL OPPICER         40.00         X         X         412,083.         0.         17,822.           (3)         TELAMER         40.00         X         X         412,083.         0.         17,822.           (3)         TEAME OF LANNER         X         409,891.         0.         15,369.           (4)         DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5)         JENNIFER SCARNE         40.00         X         281,385.         0.         20,241.           (6)         SUBAN DURLE         40.00         X         256,967.         0.         28,716.           (7)         LISA PAIK         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         0.         0.         0.           (4)         JUNN GREEN         40.00         X         0.         0.         0.           (10)         JUNN GREEN			recto							J.	•
(1)         JOSEPH MIKHAEL         40.00         X         455,869.         0.         16,868.           CHIFF MEDICAL OPPICER         40.00         X         X         412,083.         0.         17,822.           (3)         TELAMER         40.00         X         X         412,083.         0.         17,822.           (3)         TEAME OF LANNER         X         409,891.         0.         15,369.           (4)         DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5)         JENNIFER SCARNE         40.00         X         281,385.         0.         20,241.           (6)         SUBAN DURLE         40.00         X         256,967.         0.         28,716.           (7)         LISA PAIK         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         0.         0.         0.           (4)         JUNN GREEN         40.00         X         0.         0.         0.           (10)         JUNN GREEN			e or di	tee			sated		, , , , , , , , , , , , , , , , , , ,	•	
(1)         JOSEPH MIKHAEL         40.00         X         455,869.         0.         16,868.           CHIFF MEDICAL OPPICER         40.00         X         X         412,083.         0.         17,822.           (3)         TELAMER         40.00         X         X         412,083.         0.         17,822.           (3)         TEAME OF LANNER         X         409,891.         0.         15,369.           (4)         DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5)         JENNIFER SCARNE         40.00         X         281,385.         0.         20,241.           (6)         SUBAN DURLE         40.00         X         256,967.         0.         28,716.           (7)         LISA PAIK         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         0.         0.         0.           (4)         JUNN GREEN         40.00         X         0.         0.         0.           (10)         JUNN GREEN			rustee	l trus		ee	npen			1099-NEC)	•
(1)         JOSEPH MIKHAEL         40.00         X         455,869.         0.         16,868.           CHIFF MEDICAL OPPICER         40.00         X         X         412,083.         0.         17,822.           (3)         TELAMER         40.00         X         X         412,083.         0.         17,822.           (3)         TEAME OF LANNER         X         409,891.         0.         15,369.           (4)         DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5)         JENNIFER SCARNE         40.00         X         281,385.         0.         20,241.           (6)         SUBAN DURLE         40.00         X         256,967.         0.         28,716.           (7)         LISA PAIK         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         204,913.         0.         28,760.           (3)         JUNN GREEN         40.00         X         0.         0.         0.           (4)         JUNN GREEN         40.00         X         0.         0.         0.           (10)         JUNN GREEN		l v	dual ti	itiona	~	nploy	st cor yee	-	1000 NEO		
(1) JOSEPH MIENARL       40.00       X       455,869.       0.       16,868.         CHIEF MEDICAL OFFICER       X       X       412,083.       0.       17,822.         (3) DIANE MORAN       40.00       X       X       412,083.       0.       17,822.         (3) DIANE MORAN       40.00       X       X       409,891.       0.       15,369.         (4) DR. BRIAN DURIE       1.00       X       342,333.       0.       358.         (5) JENFTER SCARNE       40.00       X       281,385.       0.       20,241.         (6) SUSAN DURIE       40.00       X       256,967.       0.       28,716.         (7) LISA PAIK       40.00       X       257,083.       0.       23,854.         (8) FEER ANTON       40.00       X       204,913.       0.       28,760.         (9) LINN GREEN       40.00       X       0.       0.       0.       0.         (10) JACK AIELLO       1.00       X       0.       0.       0.       0.       0.         (11) CRISTINE BATTISTINI       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td></td> <td>In divid</td> <td>In stit t</td> <td>Office</td> <td>Key er</td> <td>Highe</td> <td>Forme</td> <td></td> <td></td> <td>o.gam_anono</td>			In divid	In stit t	Office	Key er	Highe	Forme			o.gam_anono
(2) YELAK BIRU       40.00       X       X       412,083.       0.       17,822.         (3) DTAME MORAN       40.00       X       409,891.       0.       15,369.         (4) DR. BRIAN DURIE       1.00       X       409,891.       0.       15,369.         (4) DR. BRIAN DURIE       1.00       X       342,333.       0.       358.         (5) JENIFFER SCARNE       40.00       X       281,385.       0.       20,241.         (6) SUBAN DURIE       40.00       X       256,967.       0.       28,716.         (7) LISA PAIK       40.00       X       204,913.       0.       23,854.         (7) LISA PAIK       40.00       X       204,913.       0.       28,760.         (8) PETER ANTON       40.00       X       228,343.       0.       570.         (9) LINN GREEN       40.00       X       228,343.       0.       570.         (10) JACK ATELLO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) GRESTINE BATTISTINI       1.00       X       0.       0.       0.       0.	(1) JOSEPH MIKHAEL	40.00									
CEO, PRESIDENT         X         X         X         412,083.         0.         17,822.           (3) DIANE MORAN         40.00         X         409,891.         0.         15,369.           (4) DR. BRIAN DURIE         1.00         X         409,891.         0.         15,369.           (4) DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5) JENNIFER SCANE         40.00         X         281,385.         0.         20,241.           (6) SUSAN DURIE         40.00         X         256,967.         0.         28,716.           (7) LISA PAIK         40.00         X         257,083.         0.         23,854.           (8) PETER ANTON         40.00         X         204,913.         0.         28,760.           (9) LYNN GREEN         40.00         X         204,913.         0.         570.           (10) JACK AIELLO         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) JACK AIELLO         1.00         X         0.         0.         0.         0.         0.	CHIEF MEDICAL OFFICER						X		455,869.	Ο.	16,868.
(3)         DIANE MORAN         40.00         X         409,891.         0.         15,369.           (4)         DR. BRIAN DURIE         1.00         X         342,333.         0.         358.           (5)         JENNTFER SCARNE         40.00         X         281,385.         0.         20,241.           (6)         SUBAN DURIE         40.00         X         256,967.         0.         28,716.           (7)         LISA PAIK         40.00         X         257,083.         0.         23,854.           (8)         PERE ANTON         40.00         X         204,913.         0.         28,760.           (9)         LINN GREEN         40.00         X         0.         0.         0.           SINIOR VICE PRESIDENT, MARKETING         1.00         X         228,343.         0.         570.           (10)         JACK AIELLO         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) CHR ISTINE BATTISTINI         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0. <t< td=""><td>(2) YELAK BIRU</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) YELAK BIRU	40.00									
STRATEGIC PLANNER         Image: Constraint of the stress of the str	CEO, PRESIDENT		Х		Х				412,083.	0.	17,822.
(4) DR. BRIAN DURIE       1.00       x       342,333.       0.358.         (5) JENNIFER SCARE       40.00       x       281,385.       0.20,241.         (6) SUSAN DURIE       40.00       x       256,967.       0.28,716.         (7) LISA PAIK       40.00       x       256,967.       0.28,716.         (7) LISA PAIK       40.00       x       256,967.       0.28,716.         (7) LISA PAIK       40.00       x       257,083.       0.23,854.         (8) PETER ANTON       40.00       x       204,913.       0.28,760.         (9) LYN GREEN       40.00       x       228,343.       0.570.         (10) JACK AIELLO       1.00       x       0.0.0.0.       0.         DIRECTOR       x       0.0.0.0.       0.       0.         (11) CRISTINE BATTISTINI       1.00       x       0.0.0.0.       0.         DIRECTOR       x       0.0.0.0.0.       0.       0.       0.         (13) LORAINE BOYLE       1.00       x       0.0.0.0.       0.       0.         DIRECTOR       x       0.0.0.0.0.       0.       0.       0.       0.         DIRECTOR       x       0.0.0.0.0.       0.       0. <td>(3) DIANE MORAN</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) DIANE MORAN	40.00									
DIRECTOR         X         342,333.         0.         358.           (5) JENNTFER SCARNE         40.00         X         281,385.         0.         20,241.           (6) SUBAN DURIE         40.00         X         256,967.         0.         28,716.           (7) LISA PATK         40.00         X         257,083.         0.         23,854.           (7) LISA PATK         40.00         X         264,913.         0.         23,854.           (8) PETER ANTON         40.00         X         204,913.         0.         28,760.           (9) LYNN GREEN         40.00         X         204,913.         0.         28,760.           (9) LYNN GREEN         40.00         X         228,343.         0.         570.           (10) JACK AIELLO         1.00         X         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.           (12) DR. MARIO BOCCADORO         1.00         X         0.         0.         0.           (13) LORAINE BOYLE         1.00         X         0.         0.         0.           (14) MARTINE ELIAS         1.00         X         0.         0.	STRATEGIC PLANNER						X		409,891.	Ο.	15,369.
(5) JENNIFER SCARNE       40.00       X       281,385.       0. 20,241.         (6) SUSAN DURIE       40.00       X       256,967.       0. 28,716.         (7) LISA PAIK       40.00       X       257,083.       0. 23,854.         (8) PETER ANTON       40.00       X       204,913.       0. 28,760.         (9) LYNN GREEN       40.00       X       204,913.       0. 28,760.         (9) LYNN GREEN       40.00       X       228,343.       0. 570.         (10) JACK AIELLO       1.00       X       0. 0.       0.         DIRECTOR       X       0. 0.       0.       0.         (11) CHRISTINE BATTISTINI       1.00       X       0. 0.       0.         DIRECTOR       X       0. 0.       0.       0.       0.         (12) DR. MARIO BOCCADORO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) LORAINE BOYLE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X </td <td>(4) DR. BRIAN DURIE</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) DR. BRIAN DURIE	1.00									
CHIEF FINANCIAL OFFICER         X         281,385.         0.         20,241.           (6) SUSAN DURIE         40.00         X         256,967.         0.         28,716.           (7) LISA PAIK         40.00         X         257,083.         0.         23,854.           (8) PETER ANTON         40.00         X         204,913.         0.         28,760.           (9) LINN GREEN         40.00         X         228,343.         0.         570.           (10) JACK AIELLO         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.         0.           DIRECTOR         X <td< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>342,333.</td><td>0.</td><td>358.</td></td<>	DIRECTOR		Х						342,333.	0.	358.
(6) SUSAN DURIE       40.00       X       256,967.       0.       28,716.         (7) LISA PAIK       40.00       X       257,083.       0.       23,854.         (8) PETER ANTON       40.00       X       204,913.       0.       28,760.         (9) LYNN GREEN       40.00       X       204,913.       0.       28,760.         (9) LYNN GREEN       40.00       X       228,343.       0.       570.         (10) JACK AIELLO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) CHRISTINE BATTISTINI       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) DR. MARIO BOCCADORO       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) LORAINE BOYLE       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>(5) JENNIFER SCARNE</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) JENNIFER SCARNE	40.00									
DIRECTOR         X         256,967.         0.         28,716.           (7) LISA PAIK         40.00         X         257,083.         0.         23,854.           (8) PETER ANTON         40.00         X         204,913.         0.         28,760.           (9) LYNN GREEN         40.00         X         228,343.         0.         570.           (10) JACK ATELLO         1.00         X         228,343.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) DR. MARIO BOCCADORO         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) LORAINE BOYLE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         <	CHIEF FINANCIAL OFFICER				Х				281,385.	0.	20,241.
(7)       LISA PAIK       40.00       X       257,083.       0.       23,854.         (8)       PETER ANTON       40.00       X       204,913.       0.       28,760.         (9)       LYNN GREEN       MARKETING       40.00       X       204,913.       0.       28,760.         (9)       LYNN GREEN       MARKETING       X       228,343.       0.       570.         (10)       JACK AIELO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11)       CHRISTINE BATTISTINI       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12)       DR. MARIO BOCCADORO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         0112       DR. MARIO BOCCADORO       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. </td <td>(6) SUSAN DURIE</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) SUSAN DURIE	40.00									
SENIOR VICE PRESIDENT         X         257,083.         0.         23,854.           (8) PETER ANTON         40.00         X         204,913.         0.         28,760.           (9) LYNN GREN         40.00         X         228,343.         0.         570.           (10) JACK AIELLO         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) DR. MARIO BOCCADORO         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) LORAINE BOYLE         1.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) MARTINE ELIAS         1.00         X         0.         0.         0.         0.         0.	DIRECTOR		Х						256,967.	0.	28,716.
(8) PETER ANTON       40.00       X       204,913.       0.       28,760.         (9) LYNN GREEN       40.00       X       204,913.       0.       28,760.         (9) LYNN GREEN       40.00       X       228,343.       0.       570.         SENICR VICE PRESIDENT, PHI       X       228,343.       0.       570.         (10) JACK AIELO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) CHRISTINE BATTISTINI       1.00       X       0.	(7) LISA PAIK	40.00									
VICE PRESIDNENT, MARKETING         X         204,913.         0.         28,760.           (9)         LYNN GREEN         40.00         X         228,343.         0.         570.           (10)         JACK AIELLO         1.00         X         228,343.         0.         570.           (10)         JACK AIELLO         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11)         CHRISTINE BATTISTINI         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0. <td>SENIOR VICE PRESIDENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>257,083.</td> <td>0.</td> <td>23,854.</td>	SENIOR VICE PRESIDENT						X		257,083.	0.	23,854.
(9)       LYNN GREEN       40.00       X       228,343.       0.       570.         (10)       JACK AIELLO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11)       CHRISTINE BATTISTINI       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0. <td>(8) PETER ANTON</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) PETER ANTON	40.00									
SENIOR VICE PRESIDENT, PHI         X         228,343.         0.         570.           (10) JACK AIELLO         1.00	VICE PRESIDNENT, MARKETING						X		204,913.	0.	28,760.
(10) JACK AIELLO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) CHRISTINE BATTISTINI       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (12) DR. MARIO BOCCADORO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) LORAINE BOYLE       1.00       X       0.       0	(9) LYNN GREEN	40.00									
DIRECTOR         X         0.         0.         0.         0.           (11) CHRISTINE BATTISTINI         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) DR. MARIO BOCCADORO         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) LORAINE BOYLE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) MARTINE ELIAS         1.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         <	SENIOR VICE PRESIDENT, PHI						X		228,343.	0.	570.
(11) CHRISTINE BATTISTINI       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (12) DR. MARIO BOCCADORO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) LORAINE BOYLE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0. <td< td=""><td>(10) JACK AIELLO</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(10) JACK AIELLO	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(12) DR. MARIO BOCCADORO       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (13) LORAINE BOYLE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) MARTINE ELIAS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (15) GEORGE T. HAYUM       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JASON KATZ       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JASON KATZ       1.00       X       0.       0.       0.       0.       0.       0.	(11) CHRISTINE BATTISTINI	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(13) LORAINE BOYLE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) MARTINE ELIAS       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) GEORGE T. HAYUM       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JASON KATZ       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JASON KATZ       1.00       X       0.       0.       0.       0.       0.	(12) DR. MARIO BOCCADORO	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(14) MARTINE ELIAS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) GEORGE T. HAYUM       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         0100       000       000       000       000       000         0100       000       000       000       000       000         0100       000       000       000       000       000         0100       000       000       000       000       000         0100       000       000       000       000       000	(13) LORAINE BOYLE	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(15) GEORGE T. HAYUM       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) JASON KATZ       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) BENSON KLEIN       1.00       0       0       0       0.	(14) MARTINE ELIAS	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(16) JASON KATZ         1.00         X         0.	(15) GEORGE T. HAYUM	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(17) BENSON KLEIN 1.00	(16) JASON KATZ	1.00									
	DIRECTOR		Х						0.	0.	0.
DIRECTOR X O. O. O.	(17) BENSON KLEIN	1.00									
F	DIRECTOR		Х						0.	0.	

	0 (2022) INTERNATI	IONAL MY	EL	οM	Ά	FC	UN	DA	ATION	95-429	5919	Page <b>8</b>
Part V	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
	(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	Pos heck i ss per	more rson i	) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Est am	(F) imated ount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	pensation om the nization related nizations
(18) A	NDREW KUZNESKI III OR	1.00	x						0.	0		0.
(19) Di	R. ROBERT A. KYLE OR	1.00	x						0.	0		0.
(20) DI	R. HEINZ LUDWIG OR	1.00	x						0.	0		0.
(21) DI	R. EDITH MITCHELL OR	1.00	x						0.	0		0.
(22) C DIRECT	HARLES NEWMAN OR	1.00	x						0.	0		0.
(23) M DIRECT	ATTHEW ROBINSON OR	1.00	x						0.	0		0.
(24) D	R. VINCENT RAJKUMAR OR	1.00	x						0.	0		0.
(25) E DIRECT	. MICHAEL D. SCOTT OR	1.00	x						0.	0		0.
(26) S	ANJAY SINGH OR	1.00	x						0.	0		0.
c To	ubtotal	, Section A							2,848,867.	0	•	0.
<b>2</b> To	otal (add lines 1b and 1c) otal number of individuals (including but non ompensation from the organization								2,848,867. eceived more than \$100,	000 of reportable	.  152	23 23
	d the organization list any <b>former</b> officer,	-		•	•	•		Ŭ				Yes No
<b>4</b> Fo	e 1a? If "Yes," complete Schedule J for su or any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3	X X
<b>5</b> Di	nd related organizations greater than \$150 d any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	dual for services		X
	ndered to the organization? <i>If</i> "Yes." com n B. Independent Contractors	plete Schedule	<u>ə J f</u>	or su	ich į	oers	on .				5	
<b>1</b> Co	omplete this table for your five highest col e organization. Report compensation for t	•								, 1	ation from	m
	<b>(A)</b> Name and business								<b>(B)</b> Description of s	ervices	( <b>C</b> ) Compen	
ARIS	CHOON-QUINONES, IM C DORF, BASEL LAND, SWI	TZERLAN	Ď						INTERNATIONA ADVOCACY, AC	CESS, PO	230	,004.
HIN,	NAVID, SIRA SILA 20/4 THAILAND 77110	6 SOI 9	7,	H	UA				INTERNATIONA STRATEGY		208	,000.
	ELLE FABER LEXINGTON PLACE, WEX	FORD, P	A	15	09	0			GRANT SUPPOR PROGRAM MANA		106	,898.
<b>2</b> To	otal number of independent contractors (ir	ncludina but na	ot lin	nitec	to	thos	se lis	ted	above) who received me	pre than		
	00,000 of compensation from the organiz	•				3			,			

\$100,000 of compensation from the organization

				ERN	ATION	IAL	MYELOMA	FOUNDATION	V	95-4296	919 Page <b>9</b>
Pa	rt V	/111	Statement of Re	venu	le						
			Check if Schedule O o	contai	ns a respo	onse	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
រ រ	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
D G			Fundraising events				19,741.				
ifts ar A			Related organizations								
s, G milå			Government grants (contr								
ion: r Si			All other contributions, gifts,								
but			similar amounts not included	l above	1f		16,265,435.				
d O		g	Noncash contributions included in	lines 1a	-1f <b>1g</b>	\$					
an Co		h	Total. Add lines 1a-1f					16,285,176.			
							Business Code				
ce	2	а	SUPPORT GROUP				611710	23,217.	23,217.		
ervi		b									
n Si enu		С									
Program Service Revenue		d									
roç		e									
а.			All other program service					23,217.			
	3		Total. Add lines 2a-2f Investment income (includ					23,217.			
	3							437,293.			437,293.
	4		Income from investment of				roceeds				
	5		Royalties		-						
	Ŭ				(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	)							
	7	а	Gross amount from sales of		(i) Securit	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
anı			and sales expenses	7b							
evenue		С	Gain or (loss)	7c							
			Net gain or (loss)								
Other R	8	а	Gross income from fundraisi	•	•						
ō			including \$								
			contributions reported on		,		6 724				
			Part IV, line 18			8a 8b					
			Less: direct expenses				0,754.	0.			
	<u>م</u>		Net income or (loss) from Gross income from gamin								
	9	a	Part IV, line 19			9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from								
	10		Gross sales of inventory, I			<u> </u>					
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
cell }eve		С								ļ	
Mise	1		All other revenue								
			Total. Add lines 11a-11d						00.01=	-	100.000
	12		Total revenue. See instruction	ons				16,745,686.	23,217.	0.	437,293.

95-4296919

Form 990 (2022)

INTERNATIONAL MYELOMA FOUNDATION 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).

0000	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	120,000.	120,000.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	143,667.	143,667.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	996,498.	819,961.	86,046.	90,491.
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	6,254,922.	5,146,815.	540,103.	568,004.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	280,491.	261,241.	11,258.	7,992. 4,162.
с	Accounting	63,692.	53,178.	6,352.	4,162.
d	Lobbying				
е	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 0.)	1,173,200.	1,127,993.	7,313.	37,894.
12	Advertising and promotion				
13	Office expenses	434,333.	319,962.	95,094.	19,277.
14	Information technology	343,994.	305,283.	23,033.	15,678.
15	Royalties				
16	Occupancy	158,922.	91,563.	39,636.	27,723.
17	Travel	716,146.	715,535.	611.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	2,874,604.	2,770,504.	30,274.	73,826.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,363.	76,455.	7,209.	6,699.
23	Insurance	204,526.	176,890.	17,196.	10,440.
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 0.)				
а	PRINTING & PUBLICATIONS	4,079,253.	4,062,223.	0.	17,030.
b	POSTAGE & SHIPPING	225,027.	71,338.	7,274.	146,415.
c	DUES & SUBSCRIPTIONS	127,635.	27,355.	660.	99,620.
d	TELEPHONE	104,240.	90,786.	6,212.	7,242.
		19,604.	16,676.	1,762.	1,166.
25	Total functional expenses. Add lines 1 through 24e	18,411,117.	16,397,425.	880,033.	1,133,659.
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 if following SOP 98-2 (ASC 958-720)				
-			·		- 000

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		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,051,106.	1	525,034.
	2	Savings and temporary cash investments			4,723,457.	2	5,256,864.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,689,385.	4	1,206,327.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualifi	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			770,854.	9	730,170.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,195,417.			44.0.05.0
		Less: accumulated depreciation	10b	782,159.	119,750.		413,258.
	11	Investments - publicly traded securities			9,164,634.	11	9,304,632.
	12	Investments - other securities. See Part IV, line 1		Г		12	
	13	Investments - program-related. See Part IV, line 1			00 (22)	13	70 107
	14	Intangible assets			88,632.	14	72,187.
	15	Other assets. See Part IV, line 11			855,649.	15	736,951.
	16	Total assets. Add lines 1 through 15 (must equa			<u>18,463,467.</u> 1,182,502.	16	<u>18,245,423.</u> 2,487,370.
	17	Accounts payable and accrued expenses			1,102,302.	17	2,407,370.
	18	Grants payable			4,180,718.	18 19	4,443,378.
	19 20	Deferred revenue			4,100,710.	19 20	4,445,570.
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20 21	
	21	Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat		F		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines					
		of Schedule D	-		1,398,209.	25	796,831.
	26	Total liabilities. Add lines 17 through 25			6,761,429.	26	7,727,579.
		Organizations that follow FASB ASC 958, check	ck here	X			
Sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			11,365,238.	27	10,308,157.
Ba	28	Net assets with donor restrictions			336,800.	28	209,687.
pur		Organizations that do not follow FASB ASC 95	68, cheo	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S 0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund		30	
tAŝ	31	Retained earnings, endowment, accumulated inc			44 800 000	31	
Ne	32				11,702,038.	32	10,517,844.
	33	Total liabilities and net assets/fund balances			18,463,467.	33	18,245,423.

<u>, 245, 423</u>. Form **990** (2022)

Form 990 (				IN
Part X	Ba	lance	Sheet	

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       16,745,686.         2       Total expenses (must equal Part IX, column (A), line 22)       2       18,411,117.         3       -1,665,431.       4       11,702,038.         5       Net unrealized gains (losses) on investments       5       481,237.         6       Obstances and exrices and use of facilities       7         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B).       10, 517, 844.         Part XII       Financial Statements and Reporting       10       10, 517, 844.         Check if Schedule O contains a response or note to any line in this Part XII       X       Yee No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O.       2a	Form	990 (2022) INTERNATIONAL MYELOMA FOUNDATION	95-4	12969	19	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1       1       1       1       6       7       4       1       1       1       1       6       7       4       1 <th>Pa</th> <th>t XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa	t XI Reconciliation of Net Assets					
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1       1       1       1       6       7       4       1       1       1       1       6       7       4       1 <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI					
2       Total expenses (must equal Part IX, column (A), line 25)       2       18, 411, 117.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 665, 431.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       11, 702, 038.         5       Net unrealized gains (losses) on investments       6       7         6       Donated services and use of facilities       7       6         7       Investment expenses       7       6         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10, 517, 844.          Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization sinancial statements co							
2       Total expenses (must equal Part IX, column (A), line 25)       2       18, 411, 117.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 665, 431.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       111, 702, 038.         5       Net unrealized gains (losses) on investments       6       7         6       0       7       8         7       0       8       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       517, 844.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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       Both consolidated nad separate basis, consolidated basis, or both:       2b       X         If 'Yes,'' to line 2a or 2b, does the organization strancial statements for the yea	1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,	745	5,6	86.
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       11,702,038.         5       Net unrealized gains (losses) on investments       5       481,237.         6       0onated services and use of facilities       7         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10, 517, 844.         Year XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Yes       No         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za       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:       2b       X         If "Yes," the che a basis, corboth:       X       Za       X         If "Yes," the che a basis,	2		2	18,	411	.,1	17.
4       11,702,038.         5       Net unrealized gains (losses) on investments       5         6       481,237.         6       6         7       6         8       7         8       7         9       0.         10       Net assets or fund balances (explain on Schedule O)       9         9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B).       10, 517, 844.         Part XII       Financial Statements and Reporting       10, 517, 844.         Check if Schedule O contains a response or note to any line in this Part XII       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Yes       No       1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         11       Yes to hock a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         11       Yes to line 2a or 2b, does the organization's financial statements and selection of an independent accountant?       2c       X         11	3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	665	5,4	31.
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       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10, 517, 844.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization is financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant?       2b       X       I         If "Yes," the ine 2a or 2b, does the organization have a committee that assume	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
6 Donated services and use of facilities   7 Investment expenses   8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 10, 517, 844.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   Yes No 1 Accounting method used to prepare the Form 990: Cash X Account (B) Yes No 1 Accounting method used to prepare the Form 990: Cash X Account a prior period adjustments compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis	5	Net unrealized gains (losses) on investments	5		481	.,2	37.
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2 Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X Separate basis   C Consolidated basis   B Both consolidated and separate basis   C 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:   X Separate basis   C If "Yes," toheck a box below to indicate whether the finan	6		6				
9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10,517,844.         Part XIII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       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:       2a       X       2b       X       2c       X       2c <t< th=""><th>7</th><td></td><td>7</td><td></td><td></td><td></td><td></td></t<>	7		7				
9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10,517,844.         Part XIII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       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:       2a       X       2b       X       2c       X       2c <t< th=""><th>8</th><td>Prior period adjustments</td><td>8</td><td></td><td></td><td></td><td></td></t<>	8	Prior period adjustments	8				
column (B)       10,517,844.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         2a       X       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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       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:       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:       2b       X         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       X <td< th=""><th>9</th><td></td><td>9</td><td></td><td></td><td></td><td>0.</td></td<>	9		9				0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       I         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       I       I         2a       X       If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       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:       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:       2b       X         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 process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits a set forth in the Uniform Guidance, 2 C.F.R	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Consolidation of the organization of the organization of the organization of the indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       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       Both consolidated and separate basis       2b       X         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       2b       X         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:       2b       X         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		column (B))	10	10,	517	', 8·	<u>44.</u>
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	t XII Financial Statements and Reporting					
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       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:       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:       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:       2b       X         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.		Check if Schedule O contains a response or note to any line in this Part XII					
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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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       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:       2b       X         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       X         3a       X       X       1       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 au	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
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separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   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:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain 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?   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	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>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</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
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:       X       Image: Consolidated basis		separate basis, consolidated basis, or both:					
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:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis					
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: 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?       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis       Consolidated basis <th></th> <td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</td> <td>basis,</td> <td></td> <td></td> <td></td> <td></td>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
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review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       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		X Separate basis Consolidated basis Both consolidated and separate basis					
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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       3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L	3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2022)

SCH	EDU	JLE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2022
Open to Public Inspection

Name of the	organization
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Nam	lame of the organization Employer identification number								
		INTE	RNATIONAL N	MYELOMA FOUN	OATION	1		9	5-4296919
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
,		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
,		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	-						
7	X	An organization that normal	•	ntial part of its support f	rom a gove	ernmental ı	unit or from th	e general p	public described in
- 1		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-g	frant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or
10		university:		than 00 1/00/ of the same	aut fuerer -		o monsher	in fact and	
10		An organization that normal							
		activities related to its exem income and unrelated busin		•					U U
		See section 509(a)(2). (Cor		(less section 511 tax) in	in pusities	ses acquir	ed by the org	anization a	inter Julie 30, 1975.
11		An organization organized a	-	volu to tost for public sa	foty Soo	soction 50	Q(a)(A)		
12		An organization organized a	-	•	•			rny out the	nurnoses of one or
12		more publicly supported or	-	-	-			•	
		lines 12a through 12d that of	-						
а		<b>Type I.</b> A supporting orga	•••					-	aivina
		the supported organization	-		• • •	-			
		organization. You must c			, ,				
b		<b>Type II.</b> A supporting orga	-		tion with its	s supporte	d organizatio	n(s), by hav	ing
		control or management of	-				-		-
		organization(s). You mus							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,
		its supported organizatior	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	bution req	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
		r the number of supported o	•						
g		vide the following information  Name of supported			(iv) Is the orga	nization listed	(a) Amonumb of		(ui) Americant of others
	(	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	2	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Total									

Part II

INTERNATIONAL MYELOMA FOUNDATION

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	19852188.	14700757.	17091762.	17808047.	<u>16285176.</u>	85737930.	
2	Tax revenues levied for the organ-							
	ization'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	19852188.	14700757.	17091762.	17808047.	16285176.	85737930.	
	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)						37274350.	
~							48463580.	
	Public support. Subtract line 5 from line 4.						H0403300.	
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000		
	ndar year (or fiscal year beginning in)	(a) 2018 19852188.	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
-		19092100.	14/00/5/.	1/091/02.	1/00004/.	10203170.	037373300	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	201 600	450 505	650 001	1000044	010 500	110000	
	and income from similar sources	371,600.	459,595.	650,821.	-1273744.	918,530.	1126802.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						86864732.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	phere		-				
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	55.79 %	
	Public support percentage from 2021					15	55.32 %	
						ore, check this bo	x and	
	16a 33 1/3% support test - 2022. 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         X							
b	<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances test		•••					
a	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	ranization	-		
Ŀ		•	•		•	7a and line 15 is		
a	10% -facts-and-circumstances test	-						
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
40	-		•					
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 17a, or 17b	, check this box a		6	

Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022
001100001071		,

## INTERNATIONAL MYELOMA FOUNDATION 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(a) 2020	(d) 2021	(a) 2020	2 (f) Total
	Amounts from line 6	(a) 2010	(b) 2019	(c) 2020	(u) 2021	(e) 2022	
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
	check this box and stop here						
Se	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
<b>19</b> a	a 33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

### INTERNATIONAL MYELOMA FOUNDATION

Yes

No

### 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

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- 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).*
- **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.**
- **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.**
- 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.**
- **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.* 
  - **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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

### INTERNATIONAL MYELOMA FOUNDATION Schedule A (Form 990) 2022 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

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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. 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.	
Section C. Type II Supporting Organizations	

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)

	Ulganization(s).	
Section D. All T	ype 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes

Yes No

Yes No

1

2

1

No

Schedule A	(Form 990	) 2022
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# Schedule A (Form 990) 2022 INTERNATIONAL MYELOMA FOUNDATION 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 qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	T
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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).

Schedule A (Form 990) 2022

232027 12-09-22

TNIEKNALIONAL	MIELOMA	FOUNDATION

_		MYELOMA FOUNDA			5-4296919	Page 7
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a)(3) Supporting Orga	nizations (continu	ued)	1	
Sect	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	ſ	1	10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributabl Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

### INTERNATIONAL MYELOMA FOUNDATION

Schedule A	(Form 990) 2022	INTERNATIONAL	MYELOMA	FOUNDATION	95-4296919 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>nation.</b> Provide the expl. 2, 3b, 3c, 4b, 4c, 5a, 6, 9a lines 2 and 3; Part IV, Secti	anations required , 9b, 9c, 11a, 11b on E, lines 1c, 2a,	by Part II, line 10; Part II, lin , and 11c: Part IV. Section E	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047		
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2022		
	LULL							
Department of the Treasury	Open to Public Inspection							
Internal Revenue Service	•							
-		Form 990, Part IV, line 3, or For		e 46 (Political Camp	baign Acti	vities), then		
.,.,		plete Parts I-A and B. Do not com						
		01(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Par	t I-B.			
Section 527 organization		,						
		Form 990, Part IV, line 4, or For						
.,.,		nave filed Form 5768 (election und nave NOT filed Form 5768 (electior	· · //	•				
	•	Form 990, Part IV, line 5 (Proxy	. ,	· ·		•		
Tax) (See separate inst		Form 550, Fait IV, line 5 (Floxy	Tax) (See Separate II		1 990-22,	Fait V, III e SSC (FIOXY		
		ions: Complete Part III.						
Name of organization	, or (o) organizat				Employe	er identification number		
Ū	INTERNA	TIONAL MYELOMA FO	UNDATION			95-4296919		
Part I-A Comple		anization is exempt under		or is a section 52				
· · ·		•						
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.				
2 Political campaign					\$			
	, ,	gn activities						
Part I-B Comple	ete if the org	anization is exempt under	<sup>r</sup> section 501(c)(3	3).				
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		\$			
2 Enter the amount o	f any excise tax	incurred by organization managers						
		n 4955 tax, did it file Form 4720 fo				Yes No		
4a Was a correction m	ade?					Yes No		
<b>b</b> If "Yes," describe in								
Part I-C Comple	ete if the org	anization is exempt under	r section 501(c), e	except section {	501(c)(3)	).		
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt function	on activities	\$			
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527				
exempt function ac	tivities				\$			
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,					
		<b>1120-POL</b> for this year?				Yes No		
		ployer identification number (EIN)	-	-				
		tion listed, enter the amount paid f						
	-	omptly and directly delivered to a s additional space is needed, provid			eparate se	egregated fund or a		
			T					
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political ontributions received and		
				funds. If none, ent		promptly and directly		
						delivered to a separate		
						political organization. If none, enter -0		

Schedule C (Form 990) 2022	INTERN	ATION	AL MYELOMA I	FOUNDATION	95-4	296919 Page 2			
Part II-A Complete if the org	anization	is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under			
section 501(h)).									
A Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
expenses, and shar			• •						
<b>B</b> Check if the filing organiza	tion checke	d box A an	d "limited control" pro	visions apply.	( ) ===	6			
Limi	ts on Lobby	ving Exper	ditures		(a) Filing organization's	(b) Affiliated group totals			
(The term "expend	ditures" me	ans amou	nts paid or incurred.)		totals	totais			
d a Tatal lablarian ann an dituma ta influ					16,641.				
<b>1a</b> Total lobbying expenditures to influe	186,817.								
<ul><li>b Total lobbying expenditures to influ</li><li>c Total lobbying expenditures (add line)</li></ul>					203,458.				
d Other exempt purpose expenditure					17,207,659.				
e Total exempt purpose expenditure					17,411,117.				
f_Lobbying nontaxable amount. Enter					1,000,000.				
If the amount on line 1e, column (a) o			bying nontaxable amo						
Not over \$500,000			he amount on line 1e.						
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exce	ess over \$500 000					
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce						
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces						
Over \$17,000,000		\$1,000,0							
+ ,	I								
g Grassroots nontaxable amount (en	ter 25% of li	ne 1f)			250,000.				
<b>h</b> Subtract line 1g from line 1a. If zero	o or less, en	ter -0-			0.				
i Subtract line 1f from line 1c. If zero	o or less, ent	er -0			0.				
j If there is an amount other than zer	ro on either	line 1h or li	ine 1i, did the organiza	tion file Form 4720					
reporting section 4911 tax for this	year?					Yes No			
	4	-Year Ave	raging Period Under	Section 501(h)					
(Some organizations the					of the five columns be	low.			
			ate instructions for lin						
	Lobby	ring Exper	ditures During 4-Yea	r Averaging Period		Г			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	)19	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	886	,122.	914,189.	914,189.	1,000,000.	3,714,500.			
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						5,571,750.			
c Total lobbying expenditures	256	,793.	250,438.	215,722.	203,458.	926,411.			
<b>d</b> Grassroots nontaxable amount	221	,531.	228,547.	228,547.	250,000.	928,625.			
e Grassroots ceiling amount			•						
(150% of line 2d, column (e))						1,392,938.			
f Grassroots lobbying expenditures	90	,046.	135,269.	37,316.	16,641.	279,272.			

Schedule C (Form 990) 2022

# Schedule C (Form 990) 2022 INTERNATIONAL MYELOMA FOUNDATION 95-42969 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is
	answered "Yes."				-,
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Drovi	de the descriptions required for Part I A, line 1: Part I P, line 4: Part I C, line 5: Part II A (offiliated aroun		lines d. e.		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D	)
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(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

### INTERNATIONAL MYELOMA FOUNDATION

Employer identification number 95-4296919

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's of	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confer	ring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education)	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			2b
C.	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
~			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	lization during the tax
4	year	amont is located	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year
	······································	·····g - · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B	i)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		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 95	8, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
ΙΗΔ	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990	Schedule D (Form 990) 2022

Sche		TIONAL MYE						95-42			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	<sup>r</sup> Othei	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	, 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					Amount		
	Device in a large s								Amoun		
	Beginning balance										
	Additions during the year										
f	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				]
Par											<u></u>
	· · ·	(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administer	ed for th	e		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	t VI Land, Buildings, and Equipm		wment fu	unds.							
1 41	Complete if the organization answere		) Part IV	line 11a S	See Form 990	Part X	line 10				
			-					d			
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	u	(d) Bool	value	3
19	Land	``	,	240.0		40	siation				
b	Buildings										
	Leasehold improvements				9,390.		80	51.	5	3,52	29.
	Equipment				5,619.	I	590,43			5,18	
	Other				0,408.		190,8			9,54	
	. Add lines 1a through 1e. (Column (d) must e		X colum				-			3,25	
		gear onn ooo, r art.			<u></u>						

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" ( (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8) (9)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Decorriging of liability			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability			(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes			. ,
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY			50,619
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY			50,619
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY (4)			50,619
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY (4) (5)			50,619
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY (4) (5) (6)			50,619
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY (4) (5) (6) (7)			50,619
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY (4) (5) (6) (7) (8)			. ,
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY PYMT LIABILITY (3) LEASE LIABILITY (4) (5) (6) (7)	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	50,619

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

### Schedule D (Form 990) 2022 INTERNATIONAL MYELOMA FOUNDATION

## Other Securities

(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, col. (B) line 12.)		

Sche	dule D (Form 990) 2022 INTERNATIONAL MYELOMA FOU	JNDATION		95-	4296919	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	17,226	,923.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	481,237.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,237.</u>
3	Subtract line 2e from line 1			3	16,745	,686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,745	,686.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total expenses and losses per audited financial statements			1	18,411	<u>,117.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	18,411	<u>,117.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	18,411	,117.
Pa	t 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:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ENTITY AND HAS
CONCLUDED THAT AS OF SEPTEMBER 30, 2023, THERE WERE NO UNCERTAIN TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN. ACCORDINGLY, NO INTEREST OR
PENALTIES RELATED TO UNCERTAIN TAX POSITIONS WERE ACCRUED IN THE
ACCOMPANYING FINANCIAL STATEMENTS. THE ENTITY IS SUBJECT TO AUDITS BY
TAXING JURISDICTIONS, HOWEVER, NO AUDITS FOR ANY TAX PERIODS ARE CURRENTLY
IN PROGRESS. MANAGEMENT BELIEVES THAT THE ENTITY IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS FOR YEARS ENDED ON OR PRIOR TO SEPTEMBER 30, 2020
UNDER FEDERAL AND CALIFORNIA TAX JURISDICTIONS.

Schedule D	(Form 990)	) 2022 (
<b>D</b> · >////	<u> </u>	

Part XIII Supplemental Information (continued)

Department of the Treasury Internal Revenue Service	Go to w	www.irs.gov/Form	n990 for instructions and the latest i	nformation.		pen to Public spection
Name of the organization		ww.ii3.govii oiii				ntification number
U U						
INTERNATIONAL M					95-4296	
		ctivities Out	side the United States. Compl	ete if the organ	ization answered	d "Yes" on
Form 990, Part IV					· .	
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance o	utside the
			an be duplicated if additional space is r			
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
				AWARDED RES	EARCH GRANTS	,
				CONDUCTED R	ESEARCH	
				PROJECTS, C	ONDUCTED	
EUROPE	1	1	PROGRAM SERVICES	RESEARCH CO	NFERENCE, AN	1,814,674.
				AWARDED RES	EARCH GRANTS	,
				CONDUCTED R		
EAST ASIA AND THE				PROJECTS, C		
PACIFIC	1	1	PROGRAM SERVICES	RESEARCH CC	NFERENCE,	872,936.
NODELL AMEDICA				CONDUCTED R		
NORTH AMERICA - CANADA	0	0	PROGRAM SERVICES	PROJECTS, P EDUCATION.	ALLENI	297 602
	0	0	PROGRAM SERVICES	CONDUCTED P	ንልጥፐፑእነጥ ይ	297,602.
MIDDLE EAST -					NARS. GRAPHI	c
ALGERIA, BAHRAIN,				DESIGN AND		
DJIBOUTI, EGYPT,	0	o	PROGRAM SERVICES	SERVICES.	20001	108,448.
SOUTH AMERICA	0	0	PROGRAM SERVICES	AWARDED GRA	NTS.	43,000.
<b>3 a</b> Subtotal	2	2				3,136,660.
<b>b</b> Total from continuation						2,200,000.
sheets to Part I	0	0				0.
<b>c Totals</b> (add lines 3a and 3b)	2	2				3,136,660.
and obj						

**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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

SCHEDULE F (Form 990)

95-4296919

# 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORTING EDUCATION					
		EUROPE (INCLUDING	AND OUTREACH TO LOCAL					
		ICELAND &	COMMUNITIES OF					
		GREENLAND)	MYELOMA PATIENT	8,000.		Ο.		
		EUROPE (INCLUDING	DECIPHERING THE					
		ICELAND &	EPIGENOMIC MECHANISMS					
		GREENLAND) -	OF TRANSFORMATION					
		ALBANIA, ANDORRA,	FROM BENIGN	26,667.		Ο.		
			SUPPORTING EDUCATION					
			AND OUTREACH TO LOCAL					
			COMMUNITIES OF					
		SOUTH AMERICA	MYELOMA PATIENT	8,000.		Ο.		
			HELPING IMPROVE THE					
			QUALITY OF LIFE OF					
			MYELOMA PATIENTS					
		SOUTH AMERICA	WHILE WORKING TOWARD	35,000.		Ο.		
			SUPPORTING EDUCATION					
		EUROPE (INCLUDING	AND OUTREACH TO LOCAL					
		ICELAND &	COMMUNITIES OF					
		GREENLAND)	MYELOMA PATIENT	8,000.		Ο.		
			SUPPORTING EDUCATION					
			AND OUTREACH TO LOCAL					
		EAST ASIA AND THE	COMMUNITIES OF					
		PACIFIC	MYELOMA PATIENT	8,000.		Ο.		
		EUROPE (INCLUDING	DEFINING A NOVEL					
		ICELAND &	FUNCTION FOR THE POST					
		GREENLAND) -	TRANSLATIONAL					
		ALBANIA, ANDORRA,	MODIFICATION	33,333.		Ο.		
		EUROPE (INCLUDING	DISSECTING THE					
		ICELAND &	NUTRITIONAL					
		GREENLAND) -	INTERACTION BETWEEN					
		ALBANIA, ANDORRA,	MULTIPLE MYELOMA AND	16,667.		Ο.		

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

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

95-4296919

### 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>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	INTERNATIONAL	MYELOMA	FOUNDATION
Part IV Foreign Form	S		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	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 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

### INTERNATIONAL MYELOMA FOUNDATION Schedule F (Form 990) 2022 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:

FOR RESEARCH GRANT FUNDS, REPORTS ARE PROVIDED AS PART OF THE REQUIRED

GRANT COMPLIANCE PROCESS BUILT INTO THE GRANT AGREEMENT.

PART I, LINE 3, COLUMN (E):

**REGION: EUROPE** 

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDED RESEARCH GRANTS,

CONDUCTED RESEARCH PROJECTS, CONDUCTED RESEARCH CONFERENCE, AN AWARDS

CEREMONY, PATIENT AND PHYSICIAN EDUCTION.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDED RESEARCH GRANTS,

CONDUCTED RESEARCH PROJECTS, CONDUCTED RESEARCH CONFERENCE, PATIENT AND

PHYSICIAN EDUCATION.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SUPPORTING EDUCATION AND OUTREACH TO LOCAL

COMMUNITIES OF MYELOMA PATIENT ORGANIZATIONS.

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(D) PURPOSE OF GRANT: DECIPHERING THE EPIGENOMIC MECHANISMS OF

TRANSFORMATION FROM BENIGN MONOCLONAL GAMMOPATHIES TO SYMPTOMATIC

MULTIPLE MYELOMA.

# Schedule F (Form 990) 2022 INTERNATIONAL MYELOMA FOUNDATION 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.

### (D) PURPOSE OF GRANT: SUPPORTING EDUCATION AND OUTREACH TO LOCAL

COMMUNITIES OF MYELOMA PATIENT ORGANIZATIONS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: HELPING IMPROVE THE QUALITY OF LIFE OF MYELOMA

PATIENTS WHILE WORKING TOWARD PREVENTION AND A CURE.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SUPPORTING EDUCATION AND OUTREACH TO LOCAL

COMMUNITIES OF MYELOMA PATIENT ORGANIZATIONS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORTING EDUCATION AND OUTREACH TO LOCAL

COMMUNITIES OF MYELOMA PATIENT ORGANIZATIONS.

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(D) PURPOSE OF GRANT: DEFINING A NOVEL FUNCTION FOR THE POST

TRANSLATIONAL MODIFICATION UFMYLATION IN THE ADAPTIVE RESPONSE TO

ARGININE DEPRIVATION IN MULTIPLE MYELOMA.

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(D) PURPOSE OF GRANT: DISSECTING THE NUTRITIONAL INTERACTION BETWEEN

MULTIPLE MYELOMA AND MESENCHYMAL STROMAL CELLS REVEALS NOVEL TARGETABLE

PATHWAYS.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	ON	IB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the		2022			
Department of the Treasury		Attach to Form 990							pen to Public spection			
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.	Employer		ification number			
Name of the organization		TIONAL MYELOMA FOU	NDA	ri oi	1		95-42					
Part I Fundrais	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not											
	complete this part				· ·							
	•	ed funds through any of the followin	•		,							
a Mail solicitat	ions email solicitations			•	overnment grants nment grants							
c Phone solici		g Specia										
d 🗌 In-person so	licitations	0 1		5								
<b>2 a</b> Did the organization	on have a written o	or oral agreement with any individua	l (incluc	ling of	ficers, directors, trus	tees,	or					
		art VII) or entity in connection with p			•	,		Yes	No			
compensated at le	•	viduals or entities (fundraisers) pursu organization	lant to	agreer	nents under which tr	ne tur	ndraiser is to	o be				
			1									
(i) Name and addres	s of individual	(ii) Activity	fund	Did raiser	(iv) Gross receipts	<b>(v)</b>   to (d	Amount pai or retained b	201	(vi) Amount paid to (or retained by)			
or entity (fund	draiser)	(ii) Activity		ustody ntrol of utions?	from activity		fundraiser ted in col. <b>(</b> i		organization			
			Yes	No				,				
			100									
			_					_				
								_				
								_				
Total												
Total 3 List all states in whi	ich the organizatio	n is registered or licensed to solicit	contrib	utions	I or has been notified	it is o	exempt from	n reai	stration			
or licensing.	gaauto											

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

Schedule G (Form 990) 2022

### INTERNATIONAL MYELOMA FOUNDATION

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			SALON			col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,475.			26,475.
	2	Less: Contributions	19,741.			19,741.
	3	Gross income (line 1 minus line 2)	6,734.			6,734.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	•	Faterteinerent				
	8 9	Entertainment Other direct expenses	6,734.			6,734.
	9 10	Direct expense summary. Add lines 4 through				6,734.
		Net income summary. Subtract line 10 from li				0.
Pa				990, Part IV, line 19, or r	eported more than	-
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve 2						
<u> </u>	1	Gross revenue				
	-					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ 100 // □ No	□ No //	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	•	Net consider income construction 7				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain: $\underline{\mathbf{N/A}}$	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

232082 10-27-22

Sch	edule G (Form 990) 2022	INTERNATIONAL MYELOMA FOUNDATION 9	5-42969	919	Page <b>3</b>
11	Does the organization conduct ga	ning activities with nonmembers?	🗌 ۱	Yes	No No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
			🗆 Y	Yes	No No
	Indicate the percentage of gaming				
					%
			13b		%
14	Enter the name and address of the	person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15a	a Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?	<b>)</b>	Yes	🗌 No
k	If "Yes," enter the amount of gami	ng revenue received by the organization \$ and the amour	nt		
		third party \$			
c	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
		state law to make charitable distributions from the gaming proceeds to			
	and the state manifest lines of		ו 🗌	Yes	No No
k		equired under state law to be distributed to other exempt organizations or spent in th			
	organization's own exempt activiti	es during the tax year \$			
Pa		nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			

Schedule G	(Form	990	)
	-		

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni <sup>.</sup>	ted States		OMB No. 1545-	-0047 <b>2</b>
Department of the Treasury		-	_	Attach to Form	990.			Open to Pu	
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspectio	on
Name of the organization				1011				Employer identification r	
Part I General In	formation on Grants a		OMA FOUNDAT	LON				95-4296	919
	ation maintain records t		amount of the grants	or assistance the	arantees' eligibility	for the grants or assis	tance and the selection	on	
-	ward the grants or assis		-			-			No
	IV the organization's pro								
	d Other Assistance to I nat received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
	dress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt
								DEFINING CELL STATE	ES
DANA FARBER CANCER	R INSTITUTE							UNDERLYING TREATMENT	Г
450 BROOKLINE AVE			IRC SEC					RESISTANCE IN MYELON	MA BY
BOSTON, MA 02115		04-2263040	501(C)(3)	33,333.	0.			INTEGRATING MULTIOM	IC
								TUNING THE INNATE IN	MMUNE
UNIVERSITY OF SAN								MULTIPLE MYELOMA	
9500 GILMAN DR DEE			IRC SEC					MICROENVIRONMENT BY	
SAN DIEGO, CA 9209	93	94-3067788	501(C)(3)	16,667.	0.			MODULATING IRF4	
CASE WESTERN RESER	RVE UNIVERSITY							NOVEL ADJUVANTS TO	
10900 EUCLID AVE			IRC SEC					PROTEASOME INHIBITOR	RS FOR
CLEVELAND, OH 4410	06	34-1018992		53,333.	0.			MYELOMA THERAPY	
								DEFINING A MOLECULAR	R
TRUSTEES OF BOSTON	N UNIVERSITY							SIGNATURE OF	
1 SILBER WAY			IRC SEC					CARDIOTOXICITY IN	
BOSTON, MA 02115		04-2103547	501(C)(3)	16,667.	0.			SYSTEMIC IMMUNOGLOB	IN
		1	I	1			•	I	

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

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

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

### 232102 10-31-22

#### Schedule I (Form 990) 2022

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

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

PART I, LINE 2:

Part III

USE OF GRANT FUNDS ARE MONITORED ACCORDING TO TERMS AND PROCEDURES DEFINED

IN THE GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DANA FARBER CANCER INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: DEFINING CELL STATES UNDERLYING

### TREATMENT RESISTANCE IN MYELOMA BY INTEGRATING MULTIOMIC SEQUENCING DATA

#### INTERNATIONAL MYELOMA FOUNDATION Schedule I (Form 990) 2022 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

95-4296919

Page 2

Schedule I (Form 990) INTERNATIONAL MYELOMA FOUNDATION           Part IV         Supplemental Information	95-4296919	Page <b>2</b>
NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF BOSTON UNIVE	RSITY	
(H) PURPOSE OF GRANT OR ASSISTANCE: DEFINING A MOLECULAR SIG	NATURE OF	
CARDIOTOXICITY IN SYSTEMIC IMMUNOGLOBIN LIGHT CHAIN AMYLOIDO	SIS	

SCI	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)
		Compensated Employees		2022		
Dopor	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		nber
		INTERNATIONAL MYELOMA FOUNDATION	95-4	129691	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate 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 o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	<b>;</b>			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio	n committee X Written employment contract				
	X Independent	compensation consultant Compensation survey or study				
	X Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		:)(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 compensatio	n			
	contingent on the r	evenues of:				
						X
b	Any related organiz	ation?				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 compensatio	n			
	contingent on the r					
						X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ז 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	2022

95-4296919

### 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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH MIKHAEL	(i)	455,869.	0.	0.	0.	0.	455,869.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	16,868.	16,868.	0.
(2) YELAK BIRU	(i)	412,083.	0.	0.	0.	0.	412,083.	0.
CEO, PRESIDENT	(ii)	0.	0.	0.	0.	17,822.	17,822.	0.
(3) DIANE MORAN	(i)	409,891.	0.	0.	0.	0.	409,891.	0.
STRATEGIC PLANNER	(ii)	0.	0.	0.	0.	15,369.	15,369.	0.
(4) DR. BRIAN DURIE	(i)	342,333.	0.	0.	0.	0.	342,333.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	358.	358.	0.
(5) JENNIFER SCARNE	(i)	263,885.	17,500.	0.	0.	0.	281,385.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	20,241.	20,241.	0.
(6) SUSAN DURIE	(i)	256,967.	0.	0.	0.	0.	256,967.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	28,716.	28,716.	0.
(7) LISA PAIK	(i)	247,083.	10,000.	0.	0.	0.	257,083.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	23,854.	23,854.	0.
(8) PETER ANTON	(i)	194,913.	10,000.	0.	0.	0.	204,913.	0.
VICE PRESIDNENT, MARKETING	(ii)	0.	0.	0.	0.	28,760.	28,760.	0.
(9) LYNN GREEN	(i)	220,843.	7,500.	0.	0.	0.	228,343.	0.
SENIOR VICE PRESIDENT, PHI	(ii)	0.	0.	0.	0.	570.	570.	0.
	(i)							
_	(ii)							
	(i)							
_	(ii)							
	(i)							
_	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(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:

BONUSES PAID:

JENNIFER SCARNE - \$17,500

LISA PAIK - \$10,000

PETER ANTON - \$10,000

LYNN GREEN - \$7,500

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## 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 the latest information.



INTERNATIONAL MYELOMA FOUNDATION

Employer identification number 95-4296919

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND A CURE.

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

AVAILABILITY OF POTENT NOVEL THERAPIES AND THE ADVENT OF

ULTRA-SENSITIVE TESTS TO MEASURE EXACTLY WHEN AND HOW THOSE THERAPIES

ARE WORKING IN PATIENTS. THE BLACK SWAN RESEARCH INITIATIVE IS

DEDICATED TO DEVELOPING NEW CURATIVE THERAPIES FOR MYELOMA.

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

PRODUCES COMPREHENSIVE BUT 'USER-FRIENDLY' INFORMATION FOR THE ENTIRE

MYELOMA COMMUNITY. THE IMF'S PUBLICATIONS LIBRARY INCLUDES AN EXTENSIVE

CATALOG OF BOOKLETS, TIP CARDS, ARTICLES, WEBINARS AND TELECONFERENCES,

BLOGS, DIGITAL MEDIA AND INTERVIEWS, ALL WRITTEN, CREATED, AND PRODUCED

BY THE IMF WITH OVERSIGHT BY ITS SCIENTIFIC ADVISORY COMMITTEE. THE IMF

LIBRARY'S BROAD SCOPE INCLUDES INFORMATION ABOUT MYELOMA TREATMENT

OPTIONS, CLINICAL TRIALS, DIVERSITY, EQUITY AND QUALITY OF LIFE

CONSIDERATIONS FOR PATIENTS AND PHYSICIANS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTERNATIONAL - THE IMF GROWS ITS NETWORK OF HEALTH CARE PROFESSIONALS

AROUND THE WORLD. KEY TEAM MEMBERS ORGANIZE PHYSICIAN AS WELL AS

PATIENT MEETINGS IN ORDER TO PROVIDE EDUCATION ABOUT THE LATEST

DEVELOPMENTS IN THE FIELD OF MULTIPLE MYELOMA.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization INTERNATIONAL MYELOMA FOUNDATION	Employer identification number 95-4296919
GROUPS, THE IMF SEEKS TO ENSURE THAT PATIENTS AND FAMILIES	HAVE LOCAL
ACCESS TO SUPPORT AND EDUCATION. THE IMF CURRENTLY SUPPORT	S OVER 300
SUPPORT GROUPS WORLDWIDE. THE IMF OFFERS UNEQUALED WEBSITE	CREATION AND
HOSTING FOR LOCAL SUPPORT GROUPS, AND PROVIDED A UNIQUE OP	PORTUNITY FOR
SOME SUPPORT GROUP LEADERS TO ATTEND THE AMERICAN SOCIETY	OF HEMATOLOGY
ANNUAL MEETING. THE 24TH ANNUAL SUPPORT GROUP LEADERS SUMM	IT TOOK PLACE
WITH MORE THAN 90 LEADERS IN ATTENDANCE. TECHNOLOGY CONTIN	UES TO BE
EMPHASIZED FOR SUPPORT GROUP LEADERS. DURING THE PANDEMIC,	THE IMF
TRANSITIONED MORE THAN 100 SUPPORT GROUPS TO VIRTUAL MONTH	LY MEETINGS,
AND CONTINUES TO SUPPORT AND MAINTAIN THESE MONTHLY MEETIN	GS. THE IMF
ALSO CONTINUED TO UPDATE ITS APP SPECIFICALLY DESIGNED FOR	SUPPORT
GROUP LEADERS WHICH OFFER MEETING AND EDUCATION MATERIALS	ACCESSIBLE TO
HELP BUILD EFFECTIVE COMMUNICA	

NURSE - THE IMF NURSE LEADERSHIP BOARD IS A PROFESSIONAL PARTNERSHIP REPRESENTING NURSE EXPERTS CARING FOR MYELOMA PATIENTS AT LEADING MEDICAL CENTERS. FOUNDED IN NOVEMBER 2006, THE NLB HAS PROVEN TO BE INVALUABLE TO THE MYELOMA COMMUNITY AS A PLATFORM THAT BOLSTERS NURSING EDUCATION, CLINICAL CARE EXPERIENCE EXCHANGE, AND PATIENT KNOWLEDGE AND EMPOWERMENT IN AN EFFORT TO OPTIMIZE OUTCOMES FOR PATIENTS WITH MYELOMA. THIS BOARD OF EXPERIENCED MYELOMA NURSES HAS MADE GREAT STRIDES IN IMPROVING THE NURSING CARE AND SELF-CARE OF MYELOMA PATIENTS SINCE ITS INCEPTION.

CLINICAL MEETINGS - IMF TEAM MEMBERS ORGANIZE CLINICAL MEETINGS, BRINGING TOGETHER THE WORLD'S LEADING MYELOMA EXPERTS, TO FORM A COALITION THAT WILL WORK COLLABORATIVELY ON MYELOMA-RELATED PROJECTS AND AVOID DUPLICATION OF EFFORTS AND DILUTION OF VALUABLE RESOURCES.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization INTERNATIONAL MYELOMA FOUNDATION	Employer identification number 95-4296919
THESE COALITIONS PROMOTE EXCELLENCE IN CLINICAL PRACTICE,	RESEARCH AND
EDUCATION AND CME-ACCREDITED MEDICAL EDUCATION PROGRAMS.	THIS PAST
YEAR ALSO INCLUDED EDUCATION TO THE COMMUNITY PHYSICIAN AN	D NURSE VIA
ONLINE AND LIVE INSTRUCTION.	

ADVOCACY - THE IMF IS DEDICATED TO CREATING A GLOBAL COMMUNITY THAT SUPPORTS THE WIDE-RANGING NEEDS OF ALL AFFECTED BY MYELOMA. THE IMF ADVOCATES ON BEHALF OF THOSE AFFECTED BY MULTIPLE MYELOMA FOR AN INCREASE IN ACCESSIBILITY OF HIGH-QUALITY DIAGNOSTICS AND TREATMENTS, FOR FUNDING OF MYELOMA-RELATED RESEARCH, AND FOR AN END TO INSURANCE COVERAGE DISPARITIES FOR TREATMENT. THE IMF INCLUDES THE ENTIRE MYELOMA COMMUNITY IN THESE EFFORTS AND CONTINUES TO EXPAND ITS COMMITMENT TO EMPOWERING PATIENTS, FAMILIES, AND FRIENDS TO ADVOCATE ON BEHALF OF PATIENT RIGHTS.

INFOLINE - THE IMF'S TOLL-FREE INFORMATION TELEPHONE LINE PROVIDES LIFE-SAVING AND LIFE-CHANGING MYELOMA TREATMENT AND MANAGEMENT SUPPORT FROM COMPASSIONATE, HIGHLY TRAINED SPECIALISTS. AS NEW TREATMENT OPTIONS ARE GAINING ATTENTION AND USE IN MULTIPLE MYELOMA, ANSWERING QUESTIONS ABOUT MYELOMA, ITS TREATMENT, DRUG SIDE EFFECTS, OPTIONS FOR POSSIBLE CLINICAL TRIALS OTHER HEALTH CONCERNS, AND WHERE TO FIND LOCAL SUPPORT IS MORE IMPORTANT THAN EVER.

WEBSITE - THE IMF WEBSITE IS THE LEADING RESOURCE FOR MYELOMA-RELATED CONTENT AND THE MOST COMPLETE SOURCE OF ANSWERS FROM THE MANY QUESTIONS ASKED BY THOSE NEWLY DIAGNOSED TO THOSE MANAGING MYELOMA FOR MANY YEARS. THE WEBSITE CONSIDERS PATIENTS, CAREGIVERS, FAMILY MEMBERS, AND HEALTHCARE PROFESSIONALS. INFORMATION IS AVAILABLE IN MULTIPLE

Schedule O (Form 990) 202	22							Page <b>2</b>
Name of the organization	INTERI	NATI	ONAL M	YELOMA	FOUNDATIO	N		identification number
LANGUAGES AND	FOCUS	IS	ON THE	IMF'S	RESEARCH,	EDUCATION,	SUPPORT	AND
ADVOCACY INIT	ATIVES	5.						

<u>MYELOMA TODAY - MYELOMA TODAY IS A QUARTERLY NEWSLETTER AND THE GO-TO</u> <u>RESOURCE FOR THE MYELOMA COMMUNITY TO LEARN ABOUT THE LATEST ADVANCES</u> <u>IN MYELOMA TREATMENT, RESEARCH AND QUALITY OF LIFE ISSUES. IT IS</u> PROVIDED FREE OF CHARGE.

INFORMATIONAL MAILINGS - THE INFOPACK IS MADE UP OF A SELECTION OF THE IMF'S PUBLICATIONS AND IS DESIGNED TO PROVIDE NEWLY DIAGNOSED PATIENTS AND THEIR FAMILIES WITH A COMPLETE UNDERSTANDING OF THE DISEASE AND CARE. THE INFO PACK CONTAINS INFORMATIVE MATERIALS FREE OF CHARGE IN 19 LANGUAGES.

EXPENSES \$ 4,689,328. INCLUDING GRANTS OF \$ 67,000. REVENUE \$ 23,217.

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

SUSIE DURIE, FOUNDER AND DIRECTOR OF GLOBAL PATIENT INITIATIVES AND DR.

BRIAN DURIE, CHAIRMAN OF THE BOARD AND CHIEF SCIENTIFIC OFFICER ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD

FOR REVIEW PRIOR TO FILING THE TAX RETURN.

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

THIS PROCEDURE IS PERFORMED ANNUALLY AT THE ORGANIZATION'S BOARD OF

DIRECTORS RETREAT.

Name of the organization INTERNATIONAL MYELOMA FOUNDATION	Employer identification number 95-4296919
FORM 990, PART VI, SECTION B, LINE 15:	
FOR KEY EMPLOYEES, A REVIEW OF COMPARABLE COMPENSATION DAT	A IS REVIEWED BY
THE FINANCE COMMITTEE. MEMBERS OF THE FINANCE COMMITTEE A	PPROVE OF THE
COMPENSATION PACKAGE AND WOULD NOT HAVE A CONFLICT OF INTE	REST WITH RESPECT
TO THE COMPENSATION ARRANGEMENT ISSUE. THE DECISION IS DI	SCUSSED AND

MEETING MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY NC,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

RECORDED IN THE EXECUTIVE COMMITEE AND FINANCE COMMITTEE BOARD OF DIRECTOR

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS OF THE ORGANIZATION ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE,

AND UPON REQUEST. THESE DOCUMENTS HAVE BEEN PROVIDED TO A THIRD PARTY

WEBSITE "CHARITY NAVIGATOR: YOUR GUIDE TO INTELLIGENT GIVING."

PART XII, LINE 2C

THE AUDIT OVERSIGHT COMMITTEE HAS NOT CHANGED ITS PROCESS SINCE THE

PRIOR YEAR.



Department of the Treasury Internal Revenue Service Ogden, UT 84201-0074

Notice	CP211A
Tax period	September 30, 2023
Notice date	February 26, 2024
Employer ID number	95-4296919
To contact us	Phone 877-829-5500
Page 1 of 1	,

0313937

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Important information about your September 30, 2023, Form 990

# We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2023, Form 990, Return of Organization Exempt From Income Tax. Your new due date is August 15, 2024.

## What you need to do

File your September 30, 2023, Form 990 by August 15, 2024, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020.

You may use software offered by visiting IRS.gov/eomefproviders.

## Additional information

- Visit IRS.gov/cp211a.
- Go to IRS/charities or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.