

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2001**Open to Public  
Inspection**A** For the 2001 calendar year, or tax year period beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.**

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

**P.O. BOX 613**

Room/suite

City or town, state or country, and ZIP + 4

**ANNAPOLIS, MD 21404****D** Employer identification number**52-1336903****E** Telephone number**(800) 747-2820****F** Accounting method☐ Cash ☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

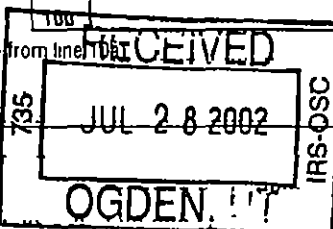
H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.AAMDS.ORG****J** Organization type (check only one) ▶ ☒ 501(c) ( 03 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **778,044.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	557,682.	
	b	Indirect public support	1b	55,631.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <b>549,171.</b> noncash \$ <b>64,142.</b> )	1d	613,313.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	65,924.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	61,457.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ )	7			
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d				
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	37,350.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	37,350.	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	778,044.		
Net Assets	13	Program services (from line 44, column (B))	13	415,863.	
	14	Management and general (from line 44, column (C))	14	46,248.	
	15	Fundraising (from line 44, column (D))	15	12,263.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	474,374.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	303,670.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,391,081.	
	20	Other changes in net assets or fund balances (attach explanation)	20	<6,430.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,688,321.	

SEE STATEMENT 1



SEE STATEMENT 2

SCANNED AUG 01 '02

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01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

**APLASTIC ANEMIA & MDS INTERNATIONAL  
FOUNDATION, INC.**

52-1336903

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ <u>82,500</u> • noncash \$ _____	22 82,500.	82,500.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 67,173.	61,980.	3,853.	1,340.
26 Other salaries and wages	26 65,604.	60,533.	3,763.	1,308.
27 Pension plan contributions	27 6,420.	5,924.	368.	128.
28 Other employee benefits	28 7,414.	6,841.	425.	148.
29 Payroll taxes	29 13,204.	11,884.	1,320.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 862.	431.		431.
33 Supplies	33 902.		902.	
34 Telephone	34 5,595.	5,595.		
35 Postage and shipping	35 22,444.	22,444.		
36 Occupancy	36 15,287.		15,287.	
37 Equipment rental and maintenance	37 804.	201.	603.	
38 Printing and publications	38			
39 Travel	39 1,484.	1,484.		
40 Conferences, conventions and meetings	40 54,882.	54,882.		
41 Interest	41			
42 Depreciation depletion, etc (attach schedule)	42 10,686.	8,015.	2,671.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 119,113.	93,149.	17,056.	8,908.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 474,374.	415,863.	46,248.	12,263.

 Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_

(ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_

and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

 What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service  
Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a SEE STATEMENT #4

(Grants and allocations \$ 82,500.)

415,863.

b

(Grants and allocations \$ )

c

(Grants and allocations \$ )

d

(Grants and allocations \$ )

e Other program services (attach schedule)

(Grants and allocations \$ )

f Total of Program Service Expenses (should equal line 44 column (B) Program services)

415,863.

**Part IV Balance Sheets**

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	246,710.	45	268,549.
	46 Savings and temporary cash investments	436,690.	46	356,281.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a	39,682.	
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,179.	53	4,781.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	645,785.	54	988,497.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a	71,759.		
b Less accumulated depreciation STMT 7	57b	52,827.	57c	18,932.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8 )	14,844.	58	24,185.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,399,099.	59	1,700,907.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	8,018.	60	12,586.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 Total liabilities (add lines 60 through 65)	8,018.	66	12,586.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,283,993.	67	1,566,179.
	68 Temporarily restricted	107,088.	68	122,142.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,391,081.	73	1,688,321.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,399,099.	74	1,700,907.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	771,614.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <u>&lt;6,430.&gt;</u>		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	<b>b</b>	<6,430.>
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	778,044.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	778,044.

Return			
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	474,374.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
<b>(1)</b>	Donated services and use of facilities \$ _____		
<b>(2)</b>	Prior year adjustments reported on line 20, Form 990 \$ _____		
<b>(3)</b>	Losses reported on line 20, Form 990 \$ _____		
<b>(4)</b>	Other (specify) _____ \$ _____		
	Add amounts on lines (1) through (4)	<b>b</b>	0.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	474,374.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b>	Other (specify) _____ \$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	474,374.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated )
---------------	--

[illegible]

75 Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

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## Form 990 (2001)

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Yes	No
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01-02-02

**APLASTIC ANEMIA & MDS INTERNATIONAL  
FOUNDATION, INC.**

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**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONFERENCE REVENUE					65,924.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	61,457.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03	37,350.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		98,807.	65,924.
105 Total (add line 104, columns (B), (D), and (E))					164,731.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93 ALL REVENUE GENERATING ACTIVITIES ARE USED FOR THE EXPRESS PURPOSE OF SUPPORTING APLASTIC ANEMIA AND MYELODYSPLASTIC SYNDROMES RESEARCH EFFORTS, OR TO PROVIDE COUNSELING, SUPPORT, AND EDUCATIONAL MATERIALS TO INDIVIDUALS AND FAMILIES AFFECTED BY THE DISEASE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.

22/02 Marilyn Baker, Executive Director

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization **APLASTIC ANEMIA & MDS INTERNATIONAL  
FOUNDATION, INC.**

Employer identification number  
**52 1336903**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** \_\_\_\_\_ **\$** \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

SEE STATEMENT 9

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable etc. functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



## APLASTIC ANEMIA &amp; MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2001 FOUNDATION, INC.

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	874,253.	656,322.	442,635.	267,823.	2,241,033.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	75,256.	57,768.	33,606.	39,445.	206,075.
<b>18</b> Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	74,991.	20,087.	8,103.	2,942.	106,123.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	1,024,500.	734,177.	484,344.	310,210.	2,553,231.
<b>24</b> Line 23 minus line 17	949,244.	676,409.	450,738.	270,765.	2,347,156.
<b>25</b> Enter 1% of line 23	10,245.	7,342.	4,843.	3,102.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					25a 46,943.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 664,833.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,347,156.
<b>d</b> Add: Amounts from column (e) for lines 18 <u>106,123.</u> 19 <u>                    </u>					26d 770,956.
22 <u>                    </u> 26b <u>664,833.</u>					26e 1,576,200.
<b>e</b> Public support (line 26c minus line 26d total)					26f 67.1536%
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>	(2000)	(1999)	(1998)	(1997)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>	(2000)	(1999)	(1998)	(1997)	
<b>c</b> Add: Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u>					27c N/A
17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>					27d N/A
<b>d</b> Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>					27e N/A
<b>e</b> Public support (line 27c total minus line 27d total)					27f N/A %
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27g N/A %
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

**28 Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

# APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2001 **FOUNDATION, INC.**

52-1336903 Page 4

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?	<b>29</b>		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>		
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No," attach an explanation.	<b>35</b>		

Schedule A (Form 990 or 990-EZ) 2001

Schedule A (Form 990 or 990-EZ) 2001 **FOUNDATION, INC.****Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)**

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

**(a)**  
**Affiliated group**  
**totals**

(The term "expenditures" means amounts paid or incurred )

(b)  
To be completed for ALL  
electing organizations

N/A

- |           |   |   |
|-----------|---|---|
| <b>36</b> | Total lobbying expenditures to influence public opinion (grassroots lobbying) |   |
| <b>37</b> | Total lobbying expenditures to influence a legislative body (direct lobbying) |   |
| <b>38</b> | Total lobbying expenditures (add lines 36 and 37)                             |   |
| <b>39</b> | Other exempt purpose expenditures   |   |
| <b>40</b> | Total exempt purpose expenditures (add lines 38 and 39)                       |   |
| <b>41</b> | Lobbying nontaxable amount Enter the amount from the following table -        |   |
|           | <b>If the amount on line 40 is -</b>  | <b>The lobbying nontaxable amount is -</b>        |
|           | Not over \$500 000  | 20% of the amount on line 40                      |
|           | Over \$500 000 but not over \$1 000 000                                       | \$100 000 plus 15% of the excess over \$500 000   |
|           | Over \$1 000 000 but not over \$1 500 000                                     | \$175 000 plus 10% of the excess over \$1 000 000 |
|           | Over \$1 500 000 but not over \$17 000 000                                    | \$225 000 plus 5% of the excess over \$1 500 000  |
|           | Over \$17 000 000   | \$1 000 000                                       |
| <b>42</b> | Grassroots nontaxable amount (enter 25% of line 41)                           |   |
| <b>43</b> | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36       |   |
| <b>44</b> | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38       |   |

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f 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 other means
- i Total lobbying expenditures (Add lines c through h )

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

[illegible]

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

(i) Cash

**(ii) Other assets**

**b Other transactions**

(l) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

(vi) Performance of services or membership or fundraising solicitations

**c Sharing of facilities, equipment mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b. If "Yes" complete the following schedule

N/A

[illegible]

**Schedule B**  
**(Form 990, 990-EZ, or**  
**990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

APLASTIC ANEMIA & MDS INTERNATIONAL  
FOUNDATION, INC.

Employer identification number

52-1336903

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)(03) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

**General Rule-**

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules-**

☒ For a section 501(c)(3) organization filing Form 990 or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ► \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization  
**APLASTIC ANEMIA & MDS INTERNATIONAL  
 FOUNDATION, INC.**

Employer identification number

**52-1336903**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 45,638.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 43,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

APLASTIC ANEMIA & MDS INTERNATIONAL  
FOUNDATION, INC.

Employer identification number

52-1336903

**Part II Noncash Property** (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SOFTWARE	\$ 15,000.	12/31/01
3	SEE STATEMENT 10	\$ 45,638.	04/10/01
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	





Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT	VARIES		.000	16	71,759.			71,759.	42,141.		10,686.
	* TOTAL 990 PAGE 2 DEPR					71,759.		0.	71,759.	42,141.	0.	10,686.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
VARIOUS FUNDRAISING EVENTS	37,350.		37,350.		37,350.	
TO FM 990, PART I, LINE 9	37,350.		37,350.		37,350.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES				STATEMENT	2
DESCRIPTION					AMOUNT	
UNREALIZED DEPRECIATION					<6,430.>	
TOTAL TO FORM 990, PART I, LINE 20					<6,430.>	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
DUES & SUBSCRIPTIONS	1,811.	1,581.	230.		
MISCELLANEOUS	5,766.	4,036.	1,442.	288.	
INSURANCE	5,575.	3,903.	1,672.		
PATIENT SUPPORT	2,612.	2,612.			
NEWSLETTER	20,720.	20,720.			
AWARENESS	10,591.	10,591.			
BOARD OF DIRECTORS	1,991.	1,991.			
PUBLIC RELATIONS	5,103.	3,572.	1,276.	255.	
FUNDRAISING EXPENSE	8,365.			8,365.	
EDUCATION MATERIALS	19,708.	19,708.			
RESEARCH STUDIES	5,631.	5,631.			
REGISTRY	8,903.	8,903.			
PATIENT INFORMATION SERVICES	9,638.	9,638.			
MEDICAL BOARD	329.	263.	66.		
PROFESSIONAL FEES	12,370.		12,370.		
TOTAL TO FM 990, LN 43	119,113.	93,149.	17,056.	8,908.	

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

THE FOUNDATION WAS FORMED TO PROVIDE DIRECTION, INFORMATION AND FUNDING OF MEDICAL RESEARCH FOR THE HUMAN BLOOD DISORDERS APLASTIC ANEMIA AND MYELOYDYSPLASTIC SYNDROME. A NATIONAL REGISTRY OF DONORS OF BONE MARROW WAS ESTABLISHED BY THE FOUNDATION TO ASSIST IN THE TREATMENT OF APLASTIC ANEMIA.

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FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL RESEARCH	DR. JEN C. WANG	THE BROOKDALE UNIVERSITY HOSPITAL & MEDICAL	NONE	30,000.
MEDICAL RESEARCH	DR. TATIANA ZORINA	CHILDRENS HOSPITAL OF PITTSBURGH, PITTSBURGH, PA	NONE	7,500.
MEDICAL RESEARCH	DR. MARRIANNE GREENE	BEN MAY INSTITUTE, CHICAGO, IL 60637	NONE	22,500.
MEDICAL RESEARCH	DR. MICHAEL BOOSALIS	BOSTON UNIVERSITY SCHOOL OF MEDICINE; BOSTON,	NONE	22,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				82,500.

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CERTIFICATES OF DEPOSIT				900,000.	900,000.
COMMON STOCKS	65,883.				65,883.
MUTUAL FUND	22,614.				22,614.
TO 990, LN 54 COL B	88,497.			900,000.	988,497.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	71,759.	52,827.	18,932.
TOTAL TO FORM 990, PART IV, LN 57	71,759.	52,827.	18,932.

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FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
DEPOSITS	1,075.
INTEREST RECEIVABLE	23,110.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	24,185.

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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4	STATEMENT	9
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APPLICANTS MUST HAVE AN M.D., PH.D., OR EQUIVALENT DEGREE AND MUST CONDUCT THEIR PROPOSED RESEARCH UNDER A SPONSOR WHO HOLDS A FORMAL APPOINTMENT AT THE SPONSORING INSTITUTION.

## SCHEDULE B

STATEMENT 10

31SHRS-BANK ONE \$1084; 73SHRS-AMERICAN INT'L \$5639; 46SHRS-BOEING CORP  
\$2714; 114SHRS-EXXONMOBILE \$4774; 172SHRS-GENERAL ELECTRIC \$7580;  
68SHRS-JOHNSON&JOHNSON \$3118; 112SHRS-NAT'L CITY \$3018; 29SHRS-MINNESOTA  
MINING \$3147; 172 SHRS-PFIZZER \$7081; 16SHRS-SEARS&ROEBUCK \$557;  
28SHRS-SOUTHERN CO. \$620; 26SHRS-CHEVRONTEXACO \$2369;  
70SHRS-VERIZONCOMM.\$3587; 11SHRS-MIRANT CORP \$350

APLASTIC ANEMIA FOUNDATION OF AMERICA, INC  
52-1336903  
ATTACHMENT TO DECEMBER 31, 2001 FORM 990

STATEMENT # //  
BOARD OF DIRECTORS

PRESIDENT  
BILL MADDEN  
P O BOX 613  
ANNAPOLIS, MD 21404

VP & MEDICAL BOARD AMINISTRATOR  
BOB CARROLL  
P O BOX 613  
ANNAPOLIS, MD 21404

TREASURER  
TONY SANFILIPPO  
P O BOX 613  
ANNAPOLIS, MD 21404

BOARD MEMBERS  
JOAN DONAHUE  
P O BOX 613  
ANNAPOLIS, MD 21404

PAUL DONAHUE  
P O BOX 613  
ANNAPOLIS, MD 21404

ADRIAN MENAPACE  
P O BOX 613  
ANNAPOLIS, MD 21404

LYNN RAUCH  
P O BOX 613  
ANNAPOLIS, MD 21404

MICHAEL V RING  
P O BOX 613  
ANNAPOLIS, MD 21404

MARGARET WARD  
P O BOX 613  
ANNAPOLIS, MD 21404

NEIL PURDY  
P O BOX 613  
ANNAPOLIS, MD 21404

NEAL YOUNG  
P O BOX 613  
ANAPOLIS, MD 21404

SECRETARY  
DAVID WISEMAN  
P O BOX 613  
ANNAPOLIS, MD 21404

CHAIR MEDICAL BOARD  
BRUCE CAMITTA  
P O BOX 613  
ANNAPOLIS, MD 21404

KEITH JACKSON  
P O BOX 613  
ANNAPOLIS, MD 21404

ROBERT KAPLAN  
P O BOX 613  
ANNAPOLIS, MD 21404

ANDREA ROSSI PECOR  
P O BOX 613  
ANNAPOLIS, MD 21404

MARY ELLEN MADDEN  
P O BOX 613  
ANNAPOLIS, MD 21404

LEAH ROBIN  
P O BOX 613  
ANNAPOLIS MD 21404

JANA PURDY  
P O BOX 613  
ANNAPOLIS, MD 21404

VINCE WESSLING  
P O BOX 613  
ANNAPOLIS, MD 21404

GARY P ROSSBACH  
P O BOX 613  
ANNAPOLIS, MD 21404

NONE OF THE BOARD MEMBERS LISTED ABOVE ARE COMPENSATED IN ANYWAY

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>APLASTIC ANEMIA &amp; MDS INTERNATIONAL FOUNDATION, INC.</b>	Employer identification number <b>52-1336903</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 613</b>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <b>ANNAPOLIS, MD 21404</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐ If it is for part of the group check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until **AUGUST 15, 2002**  
to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☒ calendar year **2001** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

## Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ► Title ► Date ►  
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)