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)

OMB No. 1545-0047 Onen to Public

Form 990 (2002)

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service and ending For the 2002 calendar year, or tax year period beginning A C Name of organization D Employer identification number Check if applicable: use IRS APLASTIC ANEMIA & MDS INTERNATIONAL label or 52-1336903 FOUNDATION, INC. print o Name Ichange type Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number inital return (800)747-2820 .o. BOX 613 Specific Instruc Final City or town, state or country, and ZIP + 4 F Accounting method: Cash X Accrual tions Other (specify) ANNAPOLIS, MD 21404 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Application pending H and I are not applicable to section 527 organizations must attach a completed Schedule A (Form 990 or 990-EZ) H(a) Is this a group return for affiliates? G Web site ►WWW.AAMDS.ORG H(b) If "Yes," enter number of affiliates ▶ Organization type (check only one) X 501(c) (0 3) (insert no) 4947(a)(1) or H(c) Are all affiliates included? (If "No," attach a list) Yes $oldsymbol{\perp}$ if the organization's gross receipts are normally not more than \$25.000. The H(d) is this a separate return filed by an or-Yes X No organization need not file a return with the IRS, but if the organization received a Form 990 Package ganization covered by a group ruling? in the mail, it should file a return without financial data. Some states require a complete return Enter 4-digit GEN ▶ Check ▶ ☐ If the organization is not required to attach 722,828. Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b 8b, 9b, and 10b to line 12 ▶ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 526,070 Direct public support 64,530. 16 Indirect public support 16 Government contributions (grants) 590,600. noncash \$ Total (add lines 1a through 1c) (cash \$ 590,600. 1d 60,118. Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 Membership dues and assessments 3 3 33,626. Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 6 a Gross rents 6b Less rental expenses Net rental income or (loss) (subtract line 6b from line 6a) 60 7 Other investment income (describe 8 a Gross amount from sale of assets other (A) Secunties (B) Other 8a than inventory 8b b Less cost or other basis and sales expenses Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule) 0 - of contributions a Gross revenue (not including \$ _ 38,484. reported on line 1a) 9a b Less direct expenses other than fundraising expenses 9b STATEMENT 1 38,484. SEE 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold 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) 11 722,828. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 415,785. 13 13 Program services (from line 44, column (B)) osc 163 51,194. 14 14 Management and general (from line 44, column (C)) AUG 0 1 2003 11,504. 15 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 16 OGDEN. LIT 478,483. 17 17 Total expenses (add lines 16 and 44, column (A)) 244,345. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 1,688,321. Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <19,586.> 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) 21 913,080.

Part II Functional Expenses and	1) organ	nizations and section 4947	(a)(1) nonexempt chantable	le trusts but optional for othe	its Fage 2
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 \$ 67,500 - noncash \$	22	67 <u>,500</u> .	<u>67,500.</u>	STATÈMENT 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	62,272.	58,765.		76.
26 Other salaries and wages	25	78,648.	72,324.		1,396.
27 Pension plan contributions	27	6,598.	6,116.		118.
28 Other employee benefits	28	9,262.	8,586.		166.
29 Payroll taxes	29	14,262.	12,836.	1,426.	
30 Professional fundraising fees	30			· · · · · · · · · · · · · · · · · · ·	
31 Accounting fees	31				
32 Legal fees	32	2 272		2 272	
33 Supplies	33	2,272.		2,272.	
34 Telephone	34	10,005.	8,991.		
35 Postage and shipping	35	25,969.	25,969.		
36 Occupancy	36	16,565.	9,181.		
37 Equipment rental and maintenance	37	829.		829.	
38 Printing and publications	38	1 000	1 060		
39 Travel	39	1,069.	1,069.	 -	
40 Conferences, conventions, and meetings	40	1,916.	1,916.		
41 Interest	41	0 000	7 400	2 500	
42 Depreciation, depletion, etc. (attach schedule)	42	9,999.	7,499.	2,500.	
43 Other expenses not covered above (itemize)					
8	43a	· · -		-	
b	43b				
C	43c	· · · ·			
d	430	171 317	135,033.	26,536.	9,748.
e SEE STATEMENT 3 Total functional expenses (add lines 22 through 43)	43e	171,317. 478,483.	415,785		11,504.
Total functional expenses (add lines 22 through 43) Organizations completing columns (8)-(0) carry these littles to lines 13-15		4/0,403.	415,705.	J1,194.	11,304.
Joint Costs Check ► if you are following SOP 9			naded in (B) Drooms oon	2 > [Yes X No
Are any joint costs from a combined educational campa					
If "Yes," enter (I) the aggregate amount of these joint co			(ii) the amount allocated to (iv) the amount allocated t		·
(iii) the amount allocated to Management and general serving Part III Statement of Program Serving	ςο Δ		(IA) the sundrif shocated t	O Fullulaising &	
What is the organization's primary exempt purpose?			4		
Adulat is the ordanization 2 buttuary exempt burbose.		<u> </u>	<u> </u>		Program Service
All organizations must describe their exempt purpose achievemen	ts in a c	lear and concise manner. State	the number of clients served, p	publications issued etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable (Section 501(c)(3) and (4) of allocations to others.)	rganizatı	ons and 4947(a)(1) nonexempt (chantable trusts must also ente	r the amount of grants and	(4) orgs, and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT # 4			······		
d del desirente a f				<u></u>	
		 ·			
			Grants and allocations \$	67,500.)	415,785.
b					
			Grants and allocations \$)	
C					
	-				
		·	·-		
			Grants and allocations \$	<u> </u>	
d			The second secon		
<u> </u>					
			<u> </u>		
	_	1	Grants and allocations \$	<u> </u>	
e Other program services (attach schedule)	_		Grants and allocations \$	1	
f Total of Program Service Expenses (should equal	line 44	'		<u> </u>	415,785.

Part IV Balance Sheets

ote 1	When	e required, attached schedules and amounts wit id be for end-of-year amounts only	hin the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		268,549.	45	300.
•	46	Savings and temporary cash investments	-	356,281.	46	794,669.
		Accounts receivable	47a		i	
	b	Less allowance for doubtful accounts	47b		47c	
- 1,	48 a	Pledges receivable	48,413.			
	-	Less allowance for doubtful accounts	48b	39,682.	48c	43,413
	49	Grants receivable	<u> </u>		49	
	50	Receivables from officers, directors, trustees,			Ì	
ای		and key employees	, , <u> </u>		50	
Assets	51 a	Other notes and loans receivable	51a		0000	
\$	þ	Less allowance for doubtful accounts	51b		51c	
- 1	52	Inventories for sale or use	 	4,781.	52	12 506
- 1	53	Prepaid expenses and deterred charges	Cost X FMV	988,497.	53 54	12,596 1,071,834
	54	Investments - securities STMT 6	COST LA FMV	300,437.	34	1,071,034
	55 a	Investments - land, buildings, and	l sea l		: 1	
- }		equipment basis	55a		1	
1	_	Less accumulated depreciation	55b		55c	
l,	b 56	Investments - other	330		56	
- 1	50 57 a		76,620.			
		Less accumulated depreciation STMT 7	57b 62,826.	18,932.	57c	13,794
- [.	58		EE STATEMENT 8	24,185.	58	13,794 3,575
			70	1,700,907.	59	1 9/0 191
_	<u>59</u>	Total assets (add lines 45 through 58) (must equal lines 45 through 58)	18 74)	12,586.	60	1,940,181 27,101
- 1	60 61	Accounts payable and accrued expenses		12/3001	61	2.,,101
- 1	62	Grants payable Deferred revenue	<u> </u>		62	
	63	Loans from officers, directors, trustees, and key empl	OVERS		63	
= 1		Tax-exempt bond liabilities	oyees _		64a	
훁		Mortgages and other notes payable			64b	
	65	Other liabilities (describe	_)[65	
				12 506		27 101
$\overline{}$	66	Total habilities (add lines 60 through 65)		12,586.	66	27,101
	Organ		and complete lines 67 through			
S.		69 and lines 73 and 74		1,566,179.	-	1,622,167
ဦ	67	Unrestricted	<u>}</u> -	122,142.	67	290,913
를	68	Temporarily restricted	<u></u>	122,142.	68 69	270,713
9	69	Permanently restricted	and complete lines		09	
[]	Organ	nizations that do not follow SFAS 117, check here 70 through 74	and complete lines		. 1	
6	70	Capital stock, trust principal, or current funds	1		70	
<i>≝</i> ∣	70 71	Paid-in or capital surplus, or land, building, and equip	ment tund		71	
SS	71 72	Retained earnings, endowment, accumulated income		·	72	
£	72 73	Total net assets or fund balances (add lines 67 thro				
z	74	column (A) must equal line 19, column (B) must equa		1,688,321.	73	1,913,080
- 1	74	Total liabilities and net assets / fund balances (add		1,700,907.	74	1,940,181

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.

APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

Form	n 990 (2002)	FOUNDATIO	N,	INC	:.						3369		Page 4
Pε	Financial	lation of Revenu Statements wit	e po	er Ai even	udited nue pe	d er	Parl	Financia	iliation of Exp al Statements				
	Return	Ab						Return		1			
a	Total revenue, gains, and o per audited financial stater	ments	a	7	ΰà,	242.		Total expenses and logarities and lo	ments	•	a	<u>478, </u>	<u> 183°.</u>
b	Amounts included on line line 12, Form 990	a but not on	`				(1)	Amounts included on line 17, Form 990 Donated services	mie a out not on		,		, , , , , , , , , , , , , , , , , , , ,
(1)	Net unrealized gains	<19,586.		*	ŕ	· · ·	(2)	and use of facilities Prior year adjustments	\$				化瓷漆
(0)	on investments \$_	<u> </u>	١.			2	(2)	reported on line 20,	•		۵	· ·	
(2)	Donated services and use of facilities \$		- 1 -	.'.		Jan St.]	Form 990	•		,	^^	\$ 8
(3)	Recoveries of prior			·~ ,			(3)	Losses reported on	•			7 S	à
10,	year grants \$		١.			•	, ,,	line 20, Form 990	s			•	
(4)	Other (specify)			,		,	(4)	Other (specify)					
1 - 7	\$								s		.	w. (A	
	Add amounts on lines (1)	through (4)	b			586.	>	Add amounts on lines	(1) through (4)	•	ь		0.
C	Line a minus line b	•	C	7	122 <u>,</u>	828.	C	Line a minus line b		•	С	<u>478,4</u>	<u> 183.</u>
đ	Amounts included on line 990 but not on line a	12, Form		r j	3.5		đ	Amounts included on 990 but not on line a	line 17, Form		,	- 5	Ą.
(1)	Investment expenses	,	1				(1)	Investment expenses				()	Ċ
	not included on		1		14			not included on					· À
	line 6b, Form 990 \$_	····	1.					line 6b, Form 990	\$				
(2)	Other (specify)				,		(2)	Other (specify)	\$		î		
	Add amounts on lines (1)	and (2)	đ			0.] _	Add amounts on lines	(1) and (2)	•	đ		0.
e	Total revenue per line 12,	Form 990	l	_				Total expenses per lin	e 17, Form 990				
	(line c plus line d)	▶	e			828.		(line c plus line d)		▶	8	478,	183.
PE	rt V List of Offic	ers, Directors, 1	rus	itees	s, and	Key i		tte and average hours	(C) Compensation	,	ributions to	(E) Ex	
	(A) Name and address					(B) 11	r week devoted to	(If not paid, enter	employ	ee benefit k deferred ensation	accour other allo	nt and
			_ -				Ì						
<u> </u>		-,							62 272	2	242		^
SE	E STATEMENT	9					├		62,272.	3,	342.		0.
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			 -										
					-							1	
75	Old any officer, director, tru	istee, or key employee re	cerve	e aggre	egate co	mpensal	tion of r	nore than \$100.000 fro	m your organization	and all a	elated		
	organizations, of which mo											Form 990	1 (2002)

APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

Form	990 (2002) FOUNDATION, INC. 52	-1336903		Page 5
Pa	rt VI Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes		aússa:	·
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	oussis:	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement		,	
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,			ii.
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	·~~	X
h	If "Yes," enter the name of the organization	002	7	ļ
_		nexempt		,
81 a	Enter direct or indirect political expenditures. See line 81 instructions.	0.		
b	Did the organization file Form 1120-POL for this year?	81ь	wir i	ľx *
82 a				_ ^
	fair rental value?	' _{82a}		x
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	024		^
	expense in Part II (See instructions in Part III)	Δ .	, ,	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
₩ b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/	δ3b		
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	Δ ,	٠٠٠٠	V4 / 4
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members? N/.			
~ b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			 -
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for pro			
	owed for the prior year	xy uax	. 1	, ;
r	Dues, assessments, and similar amounts from members 85c N/.	а .	1	~ - `
d	Section 162(e) lobbying and political expenditures 85d N/			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/		' ;	15
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/			- /
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		·~~ \$	·
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate			
••	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A			
86	501(c)(7) organizations Enter a initiation fees and capital contributions included on line 12 86a N/.			
	Gross receipts, included on line 12, for public use of club facilities 86b N/		`^	
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/		~]	~
	Gross income from other sources (Do not net amounts due or paid to other sources	- ,	٠.]	× 15
_	against amounts due or received from them) 876 N/	A	1	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership.	· '	" f	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes " complete Part IX	88	ľ	Х
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	0		
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶	0.	1	
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	 `	~~~ †	^, ,
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		-	
	If "Yes," attach a statement explaining each transaction	896		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	[030]		
	sections 4912, 4955, and 4958	•		0.
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed MARYLAND			
	Number of employees employed in the pay period that includes March 12, 2002	 -		4
91		800) 747-	-282	
	Located at ► P.O. BOX 613, ANNAPOLIS, MD	+4 ► 2140	4	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		▶□	
22201-	and enter the amount of tax-exempt interest received or accrued during the tax year	N/1	Ą	
223041	<u></u>	Co	000 /	0000

Page 6

ball All Wilging of Income.	Todacing Ac					
Note Enter gross amounts unless otherwindicated	vis e –	(A)	ed business income (B)	(C) Exclu-	(D)	(E) Related or exempt
93 Program service revenue		Business	Amount	sion	Amount	function income
a CONFERENCE REVENUE	5 ⊢			,, <u>u.</u>		60,118.
	"				-	
b						
t	I .					
d	—— <u> </u>					
f Medicare/Medicaid payments						
g Fees and contracts from government age	ncies					
94 Membership dues and assessments						
95 Interest on savings and temporary cash ii	nvestments			14	33,626.	
96 Dividends and interest from securities					35,0201	
97 Net rental income or (toss) from real estat	ta -	.,.			, ,	
a debt-financed property	" <u>-</u>		· · · · · · · · · · · · · · · · · · ·	\vdash		<u> </u>
a dept-financed property b not debt-financed property	<u>├</u>					
98 Net rental income or (loss) from personal	I property		·			·
99 Other investment income	i property					
	-			\vdash		
18D Gain or (loss) from sales of assets other than inventory						
other than inventory 101 Net income or (loss) from special events				03	38,484.	
101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of invent	long				50,101.	
	-					<u> </u>
103 Other revenue	į					
a				$\vdash \neg$		- · · ·
	,		<u></u>		· . . .	
e			 			
d	—— <u> </u>			\vdash		
8 8			0.		72,110.	60,118.
 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and 	<u> </u>				12/110.	132,228.
Note Line 105 plus line 1d, Part I, should		t on line 1	2. Part I		•	132/220.
Part VIII Relationship of Activ	ities to the A	ccompl	ishment of Exemp	t Pur	Poses (See page 32 of the	instructions)
Line No Explain how each activity for which						
exempt purposes (other than by c				pon	andy to the decomplishing it	or the organization 3
93 ALL REVENUE GENE	<u></u>			D F	OR THE EXPRES	<u>s</u>
PURPOSE OF SUPPO						
RESEARCH EFFORTS						
MATERIALS TO INC						
Part IX Information Regarding						
(A)	(B)		(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities		Total income	End-of-year assets
	%					
N/A	%					
	%					
	%					
Part X Information Regarding		Associa	ted with Personal	Bene	efit Contracts (See pag	e 33 of the instructions)
(a) Did the organization, during the year, rec	_					Yes X No
(b) Did the organization, during the year pay		-	· · ·	-		Yes X No
Note if "Yes" to (b) the Form 8870 and						
				stateme	nts and to the best of my knowled y knowledge	ge and belief it is true,
			24/03	ייש מבחיה בא	_	Kewtine Director
			_		orint name and title	HELD AND PAIR COL
			Da ¹		Check If	Preparer's SSN or PTIN

SCHEDULE A

(Form 990 or 990-EZ)

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.)

2002

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

223101/01 22-03

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization APLASTIC ANEMIA & MDS INTERNATIONAL Employer Identification number

52 1336903 FOUNDATION, INC. 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") (b) Title and average hours per week devoted to position d) Contributions to (a) Name and address of each employee paid employee benefit plans & deferred (c) Compensation account and other more than \$50,000 allowances NONE Total number of other employees paid over \$50 000 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

APLASTIC ANEMIA & MDS INTERNATIONAL Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION.INC.

Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION, INC.	52-13369	03	Page 2
Part III. Statements About Activities (See page 2 of the instructions)		Yes	No
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 or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations ched "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributions, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which are person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "attach a detailed statement explaining the transactions) a Sale exchange, or leasing of property?	38, Part VI-A, 1 cking butors, ny such		X
b Lending of money or other extension of credit?	21	<u> </u>	x
c Furnishing of goods, services, or facilities?	20	<u>. </u>	Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FO	RM 990 2	1 X	_
e Transfer of any part of its income or assets?	20	•	<u>x</u>
 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below) Do you have a section 403(b) annuity plan for your employees? 	3		
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments SEE STATE		:	
Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions) The organization is not a private foundation because it is (Please check only ONE applicable box.)			
A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section			
(Also complete the Support Schedule in Part IV-A) 11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	public		
A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, a receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 3 its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	3 1/3% of sses acquired		
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization state of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 501(c)(4), if they meet the test of section 509(a)(2) (See section 501(c)(4), if they meet the test of section 509(a)(2) (See section 501(c)(4), if they meet the test of section 509(a)(2) (See section 501(c)(4), if they meet the test of section 501(c	ion 509(a)(3))	ın 	<u></u>
(a) Name(s) of supported organization(s)	: -	Line nun from ab	
			
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

APLASTIC ANEMIA & MDS INTERNATIONAL Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION, INC. 52-1336903 Page 3 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 Catendar year (or fiscal year (b) 2000 (c) 1999 (d) 1998 (a) 2001 (e) Total beginning in) Gits, grants, and contributions received (Do not include unusual grants. See line 28.) 613,313. 874,253 656,322 442,635 2,586,523. Membership fees received 16 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 103,274. 75,256. 33,606. 57,768. 269,904. chantable, etc., purpose 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 20,087. 61,457 74.991 8,103. organization after June 30, 1975 164,638. Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behaff 21 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 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 778,044. 1,024,500 484,344 3,021,065 Total of lines 15 through 22 674,770. 450,738. 949,244. 676,409. 24 Line 23 minus line 17 751,161 4,843 7.780. 10,245. 25 Enter 1% of line 23 ,023 26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 **▶** 26a 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 1998 through 2001 exceeded the amount shown in line 26a 381 26b Do not file this list with your return. Enter the sum of all these excess amounts Total support for section 509(a)(1) test. Enter line 24, column (e) 26c 18 164,638. Add Amounts from column (e) for lines 884,019 22 26d ,867,142. e Public support (line 26c minus line 26d total) 26e 67.8674% Public support percentage (line 268 (numerator) divided by line 26c (denominator)) 261 Organizations described on line 12 a 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 (2000) (1998) (2001)(1999)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 (2000)(2001)(1998)Add Amounts from column (e) for lines N/A 20 27c

h Investment income percentage (line 18, column (e) (numerator) divided by line 271 (denominator)) Unusual Grants For an organization described in line 10 11, or 12 that received any unusual grants during 1998 through 2001, 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.

d Add Line 27a total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)

9 Public support percentage (line 27e (numerator) divided by line 27f (denominator))

and line 27b total

27d

27e

27g

27h

N/A

N/A

N/A

N/A

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION, INC.

52-1336903 Page 4

_		N/		ayo 4
Pa	Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	IN /	A	
	(TO be completed ONLT by schools that checked the box of line of it Part IV)		т——	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
29	instrument, or in a resolution of its governing body?	29	 	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues.		-	
JU	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1	10.50
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30		
31	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	12,] ` `
	to all parts of the general community it serves?	31	n 7	1
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	31		 -
	it tes, please describe, it no, please explain (it you need more space, attach a separate statement)			1
				
		— ` , <i>'</i>		
		— · ·		
32	Does the organization maintain the following	-	,	
8		32a	i	,
ь		32b		
		<u> </u>		
•	admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
_	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	-		
	· · · · · · · · · · · · · · · · · · ·			
		,		
33	Does the organization discriminate by race in any way with respect to			,
8	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		<u> </u>
đ	Scholarships or other financial assistance?	33d		
8	Educational policies?	33e		<u> </u>
f	Use of facilities?	331		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	Ů		1 27
			.]	٠
		[` '	[
34 a		34a	↓	
þ	Has the organization s right to such aid ever been revoked or suspended?	34b	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement		×// \	
35	Does the organization certify that it has compiled 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	35	l l	i

Schedule A (Form 990 or 990-EZ) 2002

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION, INC.

Part-VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION, INC.

52-1336903 Page 5 N/A

Check ► a if the organi	zation belongs to an affiliat	ed group Check	_ <u>bd</u>	you ca	ecked "a" and	minited (OUTTOL	provisions	apply
	imits on Lobbying				Attiliate	(a) ed group otals			(b) Empleted for ALL g organizations
		The state of the s			N/	Α			
36 Total lobbying expenditures	to influence public opinion	(mrassroots lobbying)		35		••			
37 Total lobbying expenditures	•			37					
38 Total lobbying expenditures	-	oy (uncorrobu) mg)		38					
39 Other exempt purpose exper				39			$\neg \neg$		
40 Total exempt purpose expen		191		40					
41 Lobbying nontaxable amoun		•		1.0	-				
If the amount on line 40 is -		ying nontaxable amount is -		1			l	- 6	32 A T. C
Not over \$500 000		emount on line 40	`	-	1	:			
Over \$500 000 but not over \$1,00		lus 15% of the excess over \$500 000	-				- 1		
Over \$1,000 000 but not over \$1		lus 10% of the excess over \$1 000 000	ļ	41	1	` ` `	ĺ		, , ,
Over \$1 500 000 but not over \$17	·	ius 5% of the excess over \$1,500 000	1	-	7.7				
Over \$17,000 000	\$1,000 000	·	J) · · ·		,		9
42 Grassroots nontaxable amou			_	42	1		Ī	^	
43 Subtract line 42 from line 36		e than line 36		43					
44 Subtract line 41 from line 38	Enter -0- if line 41 is more	e than line 38		44					
						7		-	
Caution If there is an am	ount on either line 43 oi	line 44, you must file Form 4	720			-			,
		4-Year Averaging Period Under made a section 501(h) election d instructions for lines 45 through	o not have t 50 on page	o comp 11 of ti	ne instructions	}	nns 	_	
Calendar year for	below See the	made a section 501(h) election d instructions for lines 45 through Lobbying Expend	o not have t 50 on page itures Duri	o comp 11 of ti	ne instructions	Period	nns		N/A
Calendar year (or fiscal year beginning in)	below See the	made a section 501(h) election d instructions for lines 45 through	o not have t 50 on page	o comp 11 of th	ne instructions	}	nns		N/A (e) Total
	below See the	made a section 501(h) election d instructions for lines 45 through Lobbying Expend (b)	o not have t 50 on page itures Durk (c)	o comp 11 of th	ne instructions	Period (d)	nns		(e) Total
fiscal year beginning in) 45 Lobbying nontaxable	below See the	made a section 501(h) election d instructions for lines 45 through Lobbying Expend (b)	o not have t 50 on page itures Durk (c)	o comp 11 of th	ne instructions	Period (d)	nns		(e) Total
fiscal year beginning in) 45 Lobbying nontaxable amount	below See the	made a section 501(h) election d instructions for lines 45 through Lobbying Expend (b)	o not have t 50 on page itures Durk (c)	o comp 11 of th	ne instructions	Period (d)	nns		(e) Total
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fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures	below See the	made a section 501(h) election d instructions for lines 45 through Lobbying Expend (b)	o not have t 50 on page itures Durk (c)	o comp 11 of th	ne instructions	Period (d)	nns		(e) Total
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APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2002 FOUNDATION, INC.

52-1336903 Page 6

Schedule A (Form 990 or 990-EZ) 2002

	T					
Part				d Relationships With Noncha	ritable	
51 [zations (See page 12 of the ins		er organization described in section		
		section 501(c)(3) organizations) or				
		ganization to a noncharitable exem		ontical organizations?	12	es No
	(i) Cash	gamzation to a noncharkable exem	pr organization of		51a(l)	es No
	ii) Other assets				a(ii)	- ^ X
	ther transactions				=(,	- -^
		ets with a noncharitable exempt org	anization		b(i)	x
		a noncharitable exempt organization			b(i)	$\frac{\hat{x}}{x}$
	ii) Rental of facilities, equipmi	· · · · · ·	•		b(III)	$-\frac{\Lambda}{X}$
	(v) Reimbursement arrangeme				b(iv)	$-\frac{\Lambda}{X}$
-	v) Loans or loan guarantees				b(v)	$\frac{1}{x}$
(1	vi) Performance of services or	r membership or fundraising solicit	ations		b(vi)	X
c S	haring of facilities, equipment,	, mailing lists, other assets, or paid	employees		c	X
d 11	the answer to any of the abov	e is "Yes," complete the following se	chedule Column (b) should	always show the fair market value of the		
9	oods, other assets, or services	s given by the reporting organization	n If the organization received	d less than fair market value in any		
tı	ansaction or sharing arranger	nent, show in column (d) the value	of the goods, other assets, o	r services received	N	/A
(8)	(b)	(c)		(b)		
Line no	Amount involved	Name of noncharitable e	xempt organization	Description of transfers, transactions, a	nd sharing arran	ngerments
	ļ			<u> </u>		
	 					
		<u> </u>			·	
						
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C	ode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527? schedule N/A	·	anizations described in section 501(c) of the		X No
	(a) Name of org		(b) Type of organization	Description of relatio	nship	
	 -					
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2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

	O4	rokii 220								Accumulated	Current	Amount Of	
1		Date		٩		Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Depreciation	Depreciation	Sec 179	Dehicolaco	
Assel	Description	Acquired	Methoo						26 620	52.827.		666,6	
	FURNITURE AND	VARIES		000.	16	76,620.		Ö	.76,620.	827	` o ,	.666 6	
	TAGE O						3	·			\$ }	Wh. Janes	
		<u>_</u>		1/2 2 11 2		¥.	<u> </u>			` ,			
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				1	5	Deset disposed		• ITC,	Section 179, Salva	ge, HR 3090, Con		ITC, Section 179, Salvage, HR 3090, Commercial Commercial	
<u>ئي</u> (223102				<u>.</u>	1000							

FORM 990	SPECIAL EVE	NTS AND ACTIV	VITIES	Si	CATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS FUNDRAISING EVENTS	38,484.		38,484.		38,484.
TO FM 990, PART I, LINE	38,484.		38,484.		38,484.
FORM 990 OTHER C	HANGES IN NET	ASSETS OR FU	UND BALANCE	es si	ATEMENT 2
DESCRIPTION					AMOUNT
UNREALIZED DEPRECIATION					<19,586.>
TOTAL TO FORM 990, PART	I, LINE 20				<19,586.>
FORM 990	ОТН	ER EXPENSES		ST	ATEMENT 3
	(A)	(B) PROGRAM	(C) MANAGEM	IENTO	(D)
DESCRIPTION	TOTAL	SERVICES	AND GEN		UNDRAISING
DUES & SUBSCRIPTIONS MISCELLANEOUS INSURANCE PATIENT SUPPORT NEWSLETTER AWARENESS BOARD OF DIRECTORS PUBLIC RELATIONS FUNDRAISING EXPENSE EDUCATION MATERIALS RESEARCH STUDIES REGISTRY PATIENT INFORMATION SERVICES MEDICAL BOARD PROFESSIONAL FEES ADVOCACY	1,343. 3,535. 6,184. 3,651. 44,120. 11,297. 3,662. 23,736. 9,748. 9,457. 6,624. 7,365. 8,780. 1,928. 14,551. 15,336.	1,068 4,329 3,651 44,120 11,297 3,662 17,802 9,457 6,624 7,365 8,780 1,542	3 1 2 3 3 3 3 5 5	275. ,535. ,855. ,934.	9,748.
TOTAL TO FM 990, LN 43	171,317.	135,033		,536.	9,748.
= 10 III 230, III 43			= ====	,,,,,,,, =============================	J, 140.

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

EXPLANATION

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

	CASH GRANTS AND ALLOCATIONS ST					TATEMENT 5	
CLASSIFICATION	DONEE'S NAME	DONEE'S A		DONEE'S RELATIONSHIP	AMOUN	VΤ	
MEDICAL RESEARCH	JOSEPH BARABINO	715 ALBAN 650, BOST 02118	•	NONE	30,00	00.	
MEDICAL RESEARCH	ALAN NOVETSKY, MD	ONE BROOKDALE NONE PLAZA -CHC 134, BROOKLYN, NY 11212			7,50	00.	
MEDICAL RESEARCH	WENDY CARR	5801 SOUTH ELLIS NONE AVENUE, AMIN. BLDG ROOM 7; CHICAGO,			30,000.		
FOTAL INCLUDED OF	N FORM 990, PART	II, LINE 22			67,50	00.	
*ORM 990	NON-GOVE	RNMENT SECU	RITIES	S'	TATEMENT	6	
FORM 990 SECURITY DESCRIPT	CORPORATE	RNMENT SECU CORPORATE BONDS	OTHER PUBLICLY TRADED	OTHER S SECURITIES	TOTAL NON-GOV'	т	
	CORPORATE	CORPORATE	OTHER PUBLICLY TRADED	OTHER	TOTAL NON-GOV'	T S 0.	

FORM 990 DEPRECIATION OF	F ASSE	TS NOT HELD FOR	INVESTMENT	C STAT	EMENT
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATE DEPRECIATI		K VALUE
FURNITURE AND EQUIPMENT		76,620.	62,8	326.	13,794
TOTAL TO FORM 990, PART IV, I	LN 57	76,620.	62,8	26.	13,794
FORM 990	0	THER ASSETS		STAT	'EMENT 8
DESCRIPTION				A	MOUNT
DEPOSITS INTEREST RECEIVABLE					1,075. 2,500.
TOTAL TO FORM 990, PART IV, L	INE 5	8, COLUMN B		=====	3,575.
TORK 000 PART W. T.T.	CM OF	OFFICERS PIRE	Thomas and the state of the sta		
		OFFICERS, DIRECT OF SERVICES	TORS,	STAT	EMENT 9
TRUSTE			COMPEN- SATION	EMPLOYEE BEN PLAN	
NAME AND ADDRESS MARILYN BAKER AAFA, P.O. BOX 613		D KEY EMPLOYEES TITLE AND	COMPEN-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TRUSTE NAME AND ADDRESS MARILYN BAKER AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404 BOB CARROLL AAFA, P.O. BOX 613		TITLE AND AVRG HRS/WK EXEC. DIRECTOR	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS MARILYN BAKER AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404 BOB CARROLL AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404 VINCE WESSLING AAFA, P.O. BOX 613		TITLE AND AVRG HRS/WK EXEC. DIRECTOR 40 PRESIDENT	COMPEN- SATION 62,272.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
		TITLE AND AVRG HRS/WK EXEC. DIRECTOR 40 PRESIDENT 1-2 VICE PRESIDENT	COMPEN- SATION 62,272.	EMPLOYEE BEN PLAN CONTRIB 3,342.	EXPENSE ACCOUNT 0.

APLASTIC ANEMIA & MDS INTERN	NATIONAL FOUN		5	2-1336903
GLORIA FITZSIMONS AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
WENDI HOMAZA AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
KEITH JACKSON AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
ROBERT KAPLAN AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
BILL MADDEN AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
ANDREA ROSSI PECOR AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
BOB RAVENSCROFT AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
LEAH ROBIN AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
MARGIE WARD AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
ALLEN WOMACK AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
NEAL YOUNG, MD AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	BOARD MEMBER 1-2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	RT V	62,272.	3,342.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10 PART III, LINE 3

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.

Form 8868

(December 2000)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return

OMB No 1545-1709

internal Re	venue Service	File a separate application for each return			
	_	tomatic 3-Month Extension, complete only Part I and check this box	▶ [X]		
If you	are filing for an Ad	ditional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		
Note D	o not complete Pa	rt II unless you have already been granted an automatic 3-month extension on a p	reviously filed Form 8868.		
Part I	Automati	c 3-Month Extension of Time - Only submit original (no copies needed)			
Note: Fo	orm 990-T corpora	tions requesting an automatic 6-month extension - check this box and complete Part I	only 🕨 🗔		
		ding Form 990-C filers) must use Form 7004 to request an extension of time to file inco			
returns	Partnerships, REMI	Cs and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	066, or 1041		
Type or	Name of Exemp		Employer identification number		
		ANEMIA & MDS INTERNATIONAL	52-1336903		
print	FOUNDATI				
File by the		and room or suite no. If a P.O. box, see instructions	32-1330303		
due date fo filing your	P.O. BOX				
return See					
instructions	ANNAPOLI	st office, state, and ZIP code. For a foreign address, see instructions. S., MD 21404			
	T ANNAPOLI	5, FID 21404			
Check t	ype of return to be	filed (file a separate application for each return)			
ਾ -		Form 990-T (corporation)	200		
= : -	orm 990				
	m 990-BL				
	rm 990-EZ	Form 990-T (trust other than above)			
F₀	rm 990-PF	Form 1041-A Form 88	370		
		ot have an office or place of business in the United States, check this box	▶ 🗀		
			is is for the whole group, check this		
box 🕨	If it is for part	t of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	members the extension will cover		
		NICHEM 1	E 2002		
		3 month (6-month, for 990-T corporation) extension of time until <u>AUGUST 1</u>			
		anization return for the organization named above. The extension is for the organization	's return tor		
•	X calendar year				
•	tax year begin	ning, and ending			
		——————————————————————————————————————	-		
2 If t	this tax year is for le	ss than 12 months, check reason L Initial return L Final return	Change in accounting period		
		r Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
		•			
no	nrefundable credits	See instructions	<u> </u>		
		r Form 990-PF or 990-T, enter any refundable credits and estimated			
tex	k payments made li	nctude any prior year overpayment allowed as a credit	<u>\$</u>		
		ct line 3b from line 3a. Include your payment with this form, or, if required, deposit with			
CO	upon or, if required,	by using EFTPS (Electronic Federal Tax Payment System) See instructions	\$ N/A		
		Signature and Verification			
		lars that I have avaraged this form including apparentiate calcular and statements, and to the	hast of my knowledge and helicit		
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					
	our deligation deligibles	with the control and the property of the control of			
Commentered	_	Trile 🏲	Data D		
Signature		Title	Date >		
LHA I	ror Paperwork Hed	luction Act Notice, see instruction	Form 8868 (12-2000)		