

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

**2002**

Open to Public Inspection

**A** For the 2002 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 ▶**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 ▶**722,828.****M** Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**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	526,070.	
	b	Indirect public support	1b	64,530.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 590,600. noncash \$ )	1d	590,600.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	60,118.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	33,626.
	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		
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	38,484.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	38,484.	
	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	722,828.	
Expenses	13	Program services (from line 44, column (B))		13	415,785.
	14	Management and general (from line 44, column (C))		14	51,194.
	15	Fundraising (from line 44, column (D))		15	11,504.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	478,483.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	244,345.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,688,321.
	20	Other changes in net assets or fund balances (attach explanation)		20	<19,586.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	1,913,080.

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LHA For Paperwork Reduction Act Notice, see the separate instructions

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<b>Part II Statement of Functional Expenses</b>		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				Page 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 \$ <b>67,500</b> - noncash \$	22 67,500.	67,500.	<b>STATEMENT 5</b>		
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.			3,431.
26	Other salaries and wages	26 78,648.	72,324.	4,928.	1,396.	
27	Pension plan contributions	27 6,598.	6,116.	364.	118.	
28	Other employee benefits	28 9,262.	8,586.	510.	166.	
29	Payroll taxes	29 14,262.	12,836.	1,426.		
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33 2,272.		2,272.		
34	Telephone	34 10,005.	8,991.	1,014.		
35	Postage and shipping	35 25,969.	25,969.			
36	Occupancy	36 16,565.	9,181.	7,384.		
37	Equipment rental and maintenance	37 829.		829.		
38	Printing and publications	38				
39	Travel	39 1,069.	1,069.			
40	Conferences, conventions, and meetings	40 1,916.	1,916.			
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42 9,999.	7,499.	2,500.		
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	<b>SEE STATEMENT 3</b>	43e 171,317.	135,033.	26,536.	9,748.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 478,483.	415,785.	51,194.	11,504.	

**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 \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		
a <b>SEE STATEMENT # 4</b>		
(Grants and allocations \$ 67,500.)		415,785.
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)		415,785.

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

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**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	268,549.	300.
	46 Savings and temporary cash investments	356,281.	794,669.
	47 a Accounts receivable		
	b Less allowance for doubtful accounts		
	48 a Pledges receivable	43,413.	
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	4,781.	12,596.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	988,497.	1,071,834.
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment basis	76,620.		
b Less accumulated depreciation STMT 7	62,826.		
58 Other assets (describe SEE STATEMENT 8 )	24,185.	3,575.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,700,907.	1,940,181.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	12,586.	27,101.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe )		
66 <b>Total liabilities</b> (add lines 60 through 65)	12,586.	27,101.	
<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	1,566,179.	1,622,167.
	68 Temporarily restricted	122,142.	290,913.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,688,321.	1,913,080.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,700,907.	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.

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<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 expenses and losses per audited financial statements	<b>a</b>	478,483.
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	<b>b</b>	0.
<b>c</b>	Line a minus line b	<b>c</b>	478,483.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(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 expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	478,483.

[illegible]

☐ Yes ☒ No

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Yes	No
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ZIP + 4 ► 21404

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

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**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

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					60,118.
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	33,626.	
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	38,484.	
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.		72,110.	60,118.
105	Total (add line 104, columns (B), (D), and (E))					132,228.

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 page 32 of the instructions)

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 page 32 of the instructions)

(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 page 33 of the instructions)

(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

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

24/03  
 I am preparing this return on behalf of the organization and to the best of my knowledge and belief it is true,  
 correct, and complete. I am not aware of any information which precludes the organization from filing this return.  
 Date 24/03 Signature Marilyn Baker, Executive Director  
 Type or print name and title  
 Date \_\_\_\_\_ Check if \_\_\_\_\_ Preparer's SSN or PTIN \_\_\_\_\_

**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

**2002**

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 1 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 10

**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.)

- 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 5 of the instructions.)



# APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2002 **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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	613,313.	874,253.	656,322.	442,635.	2,586,523.
16 Membership fees received					
17 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	103,274.	75,256.	57,768.	33,606.	269,904.
18 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	61,457.	74,991.	20,087.	8,103.	164,638.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	778,044.	1,024,500.	734,177.	484,344.	3,021,065.
24 Line 23 minus line 17	674,770.	949,244.	676,409.	450,738.	2,751,161.
25 Enter 1% of line 23	7,780.	10,245.	7,342.	4,843.	
26 Organizations described on lines 10 or 11	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p><b>d</b> Add: Amounts from column (e) for lines 18 <u>164,638.</u> 19 <u>719,381.</u> 22 <u>719,381.</u> 26b <u>719,381.</u></p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a <u>55,023.</u></p> <p>26b <u>719,381.</u></p> <p>26c <u>2,751,161.</u></p> <p>26d <u>884,019.</u></p> <p>26e <u>1,867,142.</u></p> <p>26f <u>67.8674%</u></p>
27 Organizations described on line 12	<p><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: (2001) <u>N/A</u> (2000) <u>N/A</u> (1999) <u>N/A</u> (1998) <u>N/A</u></p> <p><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: (2001) <u>N/A</u> (2000) <u>N/A</u> (1999) <u>N/A</u> (1998) <u>N/A</u></p> <p><b>c</b> Add: Amounts from column (e) for lines 15 <u>164,638.</u> 16 <u>719,381.</u> 17 <u>719,381.</u> 20 <u>719,381.</u> 21 <u>719,381.</u></p> <p><b>d</b> Add: Line 27a total <u>N/A</u> and line 27b total <u>N/A</u></p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <u>N/A</u></p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c <u>N/A</u></p> <p>27d <u>N/A</u></p> <p>27e <u>N/A</u></p> <p>27f <u>N/A</u></p> <p>27g <u>N/A</u> %</p> <p>27h <u>N/A</u> %</p>

28 **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.

NONE

# APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2002 **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>		
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<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>		
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<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>		
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<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) 2002





## 990

■ ITC Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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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 9	38,484.		38,484.		38,484.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED DEPRECIATION	<19,586.>
TOTAL TO FORM 990, PART I, LINE 20	<19,586.>

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	1,343.	1,068.	275.	
MISCELLANEOUS	3,535.		3,535.	
INSURANCE	6,184.	4,329.	1,855.	
PATIENT SUPPORT	3,651.	3,651.		
NEWSLETTER	44,120.	44,120.		
AWARENESS	11,297.	11,297.		
BOARD OF DIRECTORS	3,662.	3,662.		
PUBLIC RELATIONS	23,736.	17,802.	5,934.	
FUNDRAISING EXPENSE	9,748.			9,748.
EDUCATION MATERIALS	9,457.	9,457.		
RESEARCH STUDIES	6,624.	6,624.		
REGISTRY	7,365.	7,365.		
PATIENT INFORMATION SERVICES	8,780.	8,780.		
MEDICAL BOARD	1,928.	1,542.	386.	
PROFESSIONAL FEES	14,551.		14,551.	
ADVOCACY	15,336.	15,336.		
TOTAL TO FM 990, LN 43	171,317.	135,033.	26,536.	9,748.

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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 MYELODYSPLASTIC 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	JOSEPH BARABINO	715 ALBANY STREET, 650, BOSTON, MA 02118	NONE	30,000.
MEDICAL RESEARCH	ALAN NOVETSKY, MD	ONE BROOKDALE PLAZA -CHC 134, BROOKLYN, NY 11212	NONE	7,500.
MEDICAL RESEARCH	WENDY CARR	5801 SOUTH ELLIS AVENUE, AMIN. BLDG ROOM 7; CHICAGO,	NONE	30,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				67,500.

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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				1,000,000.	1,000,000.
COMMON STOCKS	55,034.				55,034.
MUTUAL FUND	16,800.				16,800.
FO 990, LN 54 COL B	71,834.			1,000,000.	1,071,834.

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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	76,620.	62,826.	13,794.
TOTAL TO FORM 990, PART IV, LN 57	76,620.	62,826.	13,794.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
DEPOSITS	1,075.
INTEREST RECEIVABLE	2,500.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,575.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARILYN BAKER AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	EXEC. DIRECTOR 40	62,272.	3,342.	0.
BOB CARROLL AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	PRESIDENT 1-2	0.	0.	0.
VINCE WESSLING AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	VICE PRESIDENT 1-2	0.	0.	0.
ADRIAN MENAPACE AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	SECRETARY 1-2	0.	0.	0.
TONY SANFILLIPPO AAFA, P.O. BOX 613 ANNAPOLIS, MARYLAND 21404	TREASURER 1-2	0.	0.	0.



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, PART V		<u>62,272.</u>	<u>3,342.</u>	<u>0.</u>

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

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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.

# 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, 2003**  
to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☒ calendar year **2002** 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)