

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2007Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ 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 310

Room/suite

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

CHURCHTON, MD 20733**D** Employer identification number**52-1336903****E** Telephone number**800-747-2820****F** Accounting method ☐ Cash ☒ Accrual
(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 ▶ **N/A****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** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.AAMDS.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**1,440,832.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,312,418.		
	c	Indirect public support (not included on line 1a)	1c	43,764.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 1,312,588. noncash \$ 43,594.)	1e	1,356,182.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,750.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	75,420.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	6b	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 sales 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). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 79,479. of contributions reported on line 1b)	9a	6,480.		
	b	Less: direct expenses other than fundraising expenses	9b	13,728.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	-7,248.		
	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			
Net Assets	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,427,104.		
	13	Program services (from line 44, column (B))	13	1,172,324.		
	14	Management and general (from line 44, column (C))	14	100,669.		
	15	Fundraising (from line 44, column (D))	15	110,461.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 13 and 14, column (A)	17	1,383,454.		
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	43,650.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,393,520.		
	20	Other changes in net assets or fund balances (attach explanation)	20	56,995.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,494,165.		

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>250000</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	250,000.	250,000.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	132,750.	79,651.	26,550.	26,549.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	309,539.	284,809.	22,840.	1,890.
27 Pension plan contributions not included on lines 25a, b, and c	6,267.	5,469.	584.	214.
28 Employee benefits not included on lines 25a - 27	21,325.	19,565.	1,596.	164.
29 Payroll taxes	32,913.	27,282.	5,631.	
30 Professional fundraising fees	70,661.			70,661.
31 Accounting fees	18,180.		18,180.	
32 Legal fees	4,313.	2,157.	1,078.	1,078.
33 Supplies	5,115.	3,836.	767.	512.
34 Telephone	10,767.	8,075.	1,615.	1,077.
35 Postage and shipping	24,847.	21,120.	1,242.	2,485.
36 Occupancy	32,038.	28,833.	3,205.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	13,090.	12,788.		302.
40 Conferences, conventions, and meetings	143,281.	143,281.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	39,679.	29,759.	9,920.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	268,689.	255,699.	7,461.	5,529.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,383,454.	1,172,324.	100,669.	110,461.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**APLASTIC ANEMIA & MDS INTERNATIONAL
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Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a SEE STATEMENT 5	
(Grants and allocations \$ 250,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,172,324.

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Part IV Balance Sheets (See the instructions.)

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	
Assets	45 Cash - non-interest-bearing	300.	45	300.	
	46 Savings and temporary cash investments	713,257.	46	716,242.	
	47 a Accounts receivable	28,171.			
	b Less: allowance for doubtful accounts		47c	28,171.	
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	33,359.	53	13,012.	
	54 a Investments - publicly-traded securities	STMT 9	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,403,973.	54b	1,500,885.
	55 a Investments - land, buildings, and equipment basis				
	b Less: accumulated depreciation		55c		
	56 Investments - other		56		
57 a Land, buildings, and equipment basis	282,180.				
b Less: accumulated depreciation	175,078.	105,951.	57c	107,102.	
58 Other assets, including program-related investments (describe SEE STATEMENT 8)	166,854.	58	160,954.		
59 Total assets (must equal line 74). Add lines 45 through 58	2,423,694.	59	2,526,666.		
Liabilities	60 Accounts payable and accrued expenses	30,174.	60	32,501.	
	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)		65		
	66 Total liabilities. Add lines 60 through 65	30,174.	66	32,501.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,643,090.	67	1,611,338.	
	68 Temporarily restricted	750,430.	68	882,827.	
	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 and column (B) must equal line 21)	2,393,520.	73	2,494,165.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,423,694.	74	2,526,666.	

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	<input type="checkbox"/>	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization "	75c	<input type="checkbox"/>	X
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	75d	X	<input type="checkbox"/>

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address <div style="text-align: center;">NONE</div>	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.) **Yes No**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	<input type="checkbox"/>	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	<input type="checkbox"/>	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input type="checkbox"/>	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	<input type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input type="checkbox"/>	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<input type="checkbox"/>	X
b If "Yes," enter the name of the organization N/A			
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0.	
b Did the organization file Form 1120-POL for this year?	81b	<input type="checkbox"/>	X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)			
82b	N/A		
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 <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
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 proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
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 of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
89g			
90 a	List the states with which a copy of this return is filed <u>MD</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	12
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>800-747-2820</u>		
	Located at <u>P.O. BOX 310, CHURCHTON, MD</u> ZIP + 4 <u>20733</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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Part VI	Other Information (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A		91c	<input checked="" type="checkbox"/>
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92			N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)					
Note: Enter gross amounts unless otherwise indicated					
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a CONFERENCE					2,750.
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	75,420.	
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			01	-7,248.	
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.		68,172.	2,750.
105 Total (add line 104, columns (B), (D), and (E))					70,922.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
93A	CONFERENCE HELD TO PROVIDE COUNSELING, SUPPORT, AND EDUCATIONAL MATERIALS TO INDIVIDUALS AND FAMILIES EFFECTED BY APLASTIC AND MYELODYSPLASTIC SYNDROMES (MDS).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 the instructions.)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)	

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

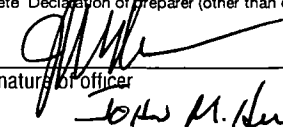
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

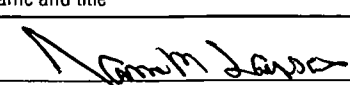
					Yes	No
--	--	--	--	--	-----	----

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please
Sign
Here

Signature of officer  Date 10/22/08
Type or print name and title John M. Hudson EXECUTIVE DIRECTOR

Paid
Preparer's
Use Only

Preparer's signature  Date 10/16/08 Check if self-employed ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930 EIN
Phone no. (301) 951-9090

Form **990** (2007)

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 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

2007

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2007

52-1336903 Page 2

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 ► \$ <u>60,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <div align="center">VI-A, LINE 38B</div> 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.	1	X
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-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <div align="right">SEE STATEMENT 13</div>	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966? N/A	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ► N/A	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0.	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► 0.	0.	

Schedule A (Form 990 or 990-EZ) 2007

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2007 **FOUNDATION, INC.**

52-1336903 Page **3**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2007

FOUNDATION, INC.

52-1336903

Page **4**

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,216,301.	1,135,913.	902,658.	507,810.	3,762,682.
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	193,162.	106,726.	118,643.	34,389.	452,920.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	83,406.	59,182.	41,439.	27,429.	211,456.
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	1,492,869.	1,301,821.	1,062,740.	569,628.	4,427,058.
24 Line 23 minus line 17	1,299,707.	1,195,095.	944,097.	535,239.	3,974,138.
25 Enter 1% of line 23	14,929.	13,018.	10,627.	5,696.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					79,483.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					653,168.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					3,974,138.
d Add: Amounts from column (e) for lines: 18 <u>211,456.</u> 19 _____ 22 _____ 26b <u>653,168.</u>					864,624.
e Public support (line 26c minus line 26d total)					3,109,514.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					78.2437%
27 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: N/A					
(2006) (2005) (2004) (2003)					
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 11b, 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: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2007 **FOUNDATION, INC.**

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Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

	Yes	No
29 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?	29	
30 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?	30	
31 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.)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d 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.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35 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	35	

Schedule A (Form 990 or 990-EZ) 2007

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2007 **FOUNDATION, INC.**

52-1336903 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(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.

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	30,000.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	30,000.
38 Total lobbying expenditures (add lines 36 and 37)	38	60,000.
39 Other exempt purpose expenditures	39	1,323,454.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	1,383,454.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
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
The lobbying nontaxable amount is -		
	41	213,345.
42 Grassroots nontaxable amount (enter 25% of line 41)	42	53,336.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	213,345.	0.	0.	0.	213,345.
46 Lobbying ceiling amount (150% of line 45(e))					320,018.
47 Total lobbying expenditures	60,000.	0.	0.	0.	60,000.
48 Grassroots nontaxable amount	53,336.	0.	0.	0.	53,336.
49 Grassroots ceiling amount (150% of line 48(e))					80,004.
50 Grassroots lobbying expenditures	30,000.	0.	0.	0.	30,000.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE AND FIXTURES			7.00	16	282,180.			282,180.	135,399.		39,679.
	* TOTAL 990 PAGE 2					282,180.		0.	282,180.	135,399.	0.	39,679.
	DEPR											

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 OR (LOSS)
HARRY CARSON SCHOLARSHIP FUND	85,959.	79,479.	6,480.	13,728.	-7,248.
TO FM 990, PART I, LINE 9	85,959.	79,479.	6,480.	13,728.	-7,248.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES				STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	56,995.
TOTAL TO FORM 990, PART I, LINE 20	56,995.

FORM 990	OTHER EXPENSES				STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVOCACY	62,646.	62,646.		
AWARENESS	1,231.	1,231.		
BOARD OF DIRECTORS	4,747.	3,560.	475.	712.
CHAPTER AND PATIENT SUPPORT	739.	739.		
CONSORTIUM	3,084.	3,084.		
DUES, FEES, AND SUBSCRIPTIONS	1,913.	1,435.	191.	287.
EDUCATIONAL MATERIALS	14,221.	14,221.		
INSURANCE	14,640.	10,980.	2,196.	1,464.
MEDICAL BOARD	11,803.	11,803.		
MISCELLANEOUS	21,796.	16,347.	3,269.	2,180.
NEWSLETTER	27,575.	27,575.		
PATIENT INFORMATION SERVICES	17,558.	17,558.		
PUBLIC RELATIONS	62,526.	62,526.		
REGISTRY	11,755.	11,755.		
RESEARCH STUDIES	3,587.	3,587.		
SERVICE AND REPAIRS	662.	496.	100.	66.
UTILITIES	8,206.	6,156.	1,230.	820.
TOTAL TO FM 990, LN 43	268,689.	255,699.	7,461.	5,529.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH AWARDS DR. GONDEK CLEVELAND CLINIC FOUNDATION, 9500 EUCLID AVE CLEVELAND, OH 44195	NONE	37,500.
RESEARCH AWARDS DR. MACIEJEWSKI CLEVELAND CLINIC FOUNDATION, 9500 EUCLID AVE CLEVELAND, OH 44195	NONE	10,000.
RESEARCH AWARDS DR. O'KEEFE CLEVELAND CLINIC FOUNDATION, 9500 EUCLID AVE CLEVELAND, OH 44195	NONE	30,000.
RESEARCH AWARDS DR. LY EMORY UNIV-OFFICE OF GRANTS, 1784 N DECATUR RD, STE 530 ATLANTA, GA 30322	NONE	30,000.
RESEARCH AWARDS DR. SOKOL H. LEE MOFFITT CANCER CENTER & RESEARCH, 12903 MAGNOLIA DR. TAMPA, FL 33612	NONE	22,500.
RESEARCH AWARDS DR. JAMIESON MOORES UCSD CANCER CTR, 3855 HEALTH SCIENCES DR #0658 LA JOLLA, CA 92093	NONE	22,500.
RESEARCH AWARDS DR. MEYERS OREGON HEALTH & SCIENCE UNIV, MCUHN73C, 3181 SW SAM JACKSON PK RD PORTLAND, OR 97201	NONE	7,500.
RESEARCH AWARDS DR. MINTER UNIV OF MASSACHUSETTS, AMHERST, 70 BUTTERFIELD TERR. AMHERST, MA 01003	NONE	30,000.

RESEARCH AWARDS	NONE	22,500.
DR. MACLOED		
UNIV. OF CHICAGO RESEARCH ADMIN., 970 E. 58TH		
ST., 3RD FLR.		
CHICAGO, IL 60637		
RESEARCH AWARDS	NONE	7,500.
DR. LEISVELD		
UNIV. OF ROCHESTER, P O BOX 704		
ROCHESTER, NY 14642		
RESEARCH AWARDS	NONE	22,500.
DR. GUNSHIN		
UNIVERSITY OF MASSACHUSETTS, AMHERST, 70		
BUTTERFIELD TERR		
AMHERST, MA 01003		
RESEARCH AWARDS	NONE	7,500.
DR. WALTER		
WASHINGTON UNIV, CAMPUS BOX 8007, 6605 S		
EUCLID AVE		
ST LOUIS, MO 63110		
		250,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDE EDUCATIONAL MATERIALS, DIAGNOSIS AND TREATMENT INFORMATION, AND ACCESS TO PEER SUPPORT VIA A GLOBAL NETWORK OF VOLUNTEERS WHO OFFER HOPE TO THOSE STRUGGLING WITH BONE MARROW FAILURE DISEASES. BUILD AWARENESS AND KNOWLEDGE OF BONE MARROW FAILURE DISEASES AMONG HEALTHCARE PROFESSIONALS AND THE GENERAL PUBLIC. RAISE PUBLIC AND PRIVATE SUPPORT FOR RESEARCH TO IMPROVE PATIENT TREATMENTS, RESTORE PATIENTS TO HEALTH, AND ULTIMATELY, FIND CURES FOR BONE MARROW FAILURE DISEASES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	250,000.	1,172,324.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

TO RAISE AWARENESS AND PROVIDE SUPPORT, ADVOCACY AND EDUCATIONAL MATERIALS RELATED TO VARIOUS BONE MARROW DISEASES.

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 FIXTURES	282,180.	175,078.	107,102.
TOTAL TO FORM 990, PART IV, LN 57	282,180.	175,078.	107,102.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS	1,675.	3,960.
CHARITABLE REMAINDER TRUST	165,179.	156,994.
TOTAL TO FORM 990, PART IV, LINE 58	166,854.	160,954.

FORM 990	OTHER SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
COMMON STOCK	FMV	707,533.
MUTUAL FUNDS	FMV	132,586.
SECURITIES	FMV	130,514.
BONDS	FMV	530,252.
TO FORM 990, LINE 54B, COL B		1,500,885.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES REPORTED AS EXPENSES ON FINANCIAL STATEMENT BUT NETTED AGAINST REVENUE ON PART I, LINE 9B.	13,728.
TOTAL TO FORM 990, PART IV-A	13,728.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES REPORTED AS EXPENSES ON FINANCIAL STATEMENT BUT NETTED AGAINST REVENUE ON PART I, LINE 9B.	13,728.
TOTAL TO FORM 990, PART IV-B	13,728.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN HUBER ALL MAY BE REACHED IN C/O ORGANIZATION'S ADDRESS	EXECUTIVE DIRECTOR - 5/1/07-PRESENT 40.00	83,333.	6,477.	0.
MARILYN BAKER	EXECUTIVE DIRECTOR - 1/1/07-3/31/07 40.00	38,770.	4,170.	0.
NEIL HORIKOSHI	CHAIR 3.00	0.	0.	0.
SHERRIE VAN VLIET	VICE CHAIR 2.00	0.	0.	0.
RUTH CUADRA	SERCRETARY 2.00	0.	0.	0.
TONY SANFILIPPO	TREASURER 2.00	0.	0.	0.
KEITH JACKSON	BOARD MEMEBR 1.00	0.	0.	0.
JACK KELLEY	BOARD MEMEBR 1.00	0.	0.	0.
STEPHEN KING	BOARD MEMEBR 1.00	0.	0.	0.
JIM MACGILLIVRAY	BOARD MEMEBR 1.00	0.	0.	0.
BRIAN MATSUI	BOARD MEMEBR 1.00	0.	0.	0.

APLASTIC ANEMIA & MDS INTERNATIONAL FOUN

52-1336903

HARSHA MURTHY	BOARD MEMEBR	1.00	0.	0.	0.
ANDREA ROSSI PECOR	BOARD MEMEBR	1.00	0.	0.	0.
MICHAEL SUH	BOARD MEMEBR	1.00	0.	0.	0.
JOHN THERIAULT	BOARD MEMEBR	1.00	0.	0.	0.
ROBERT TOZZOLI	BOARD MEMEBR	1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A			122,103.	10,647.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 13
PART III, LINE 3A

APPLICANTS TO THE HARRY CARSON SCHOLARSHIP PROGRAM MUST:

- BE HIGH SCHOOL SENIORS OR GRADUATES WHO PLAN TO ENROLL OR STUDENTS WHO ARE ALREADY ENROLLED IN A FULL-TIME OR PART-TIME UNDERGRADUATE OR GRADUATE COURSE OF STUDY AT AN ACCREDITED TWO-YEAR OR FOUR-YEAR COLLEGE UNIVERSITY, VOCATIONAL-TECHNICAL SCHOOL, OR GRADUATE SCHOOL, AND
- HAVE RARE BONE MARROW FAILURE: APLASTIC ANEMIA, MDS, PNH. A PHYSICIAN'S LETTER STATING THE APPLICANT'S DIAGNOSES WILL BE REQUIRED.