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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 Open to Public Inspection

A F	or the	2009 cal	endar year, or tax year beginning and ending		
Вс	Check if	Please	C Name of organization	D Employer identific	cation number
а	applicable	use IRS	APLASTIC ANEMIA & MDS INTERNATIONAL		
	Addres	s label or	FOUNDATION, INC.		
Ē	Name change	type	Doing Business As	52-1	336903
\vdash	Initial return	See	Number and street (or P 0 box if mail is not delivered to street address) Room/su	 	
F	Termin	Specific	100 PARK AVENUE		747-2820
片	-√ated □Amend	Instruc- led trons			4,299,765.
<u>}</u>	return∟ ∏Applica		City or town, state or country, and ZIP + 4 ROCKVILLE, MD 20850	G Gross receipts \$	
_	⊥tiòn pendin			H(a) Is this a group re	
			ne and address of principal officer JOHN M. HUBER	for affiliates?	Yes X No
			ABOVE	H(b) Are all affiliates inc	
			us: X 501(c) (3	If "No," attach a	list. (see instructions)
			W.AAMDS.ORG	H(c) Group exemption	
				ar of formation 1983 N	State of legal domicile MD
Pa	art I	Summ	ary		
a	1	Briefly des	scribe the organization's mission or most significant activities SEE PART	III, LINE 1.	
Activities & Governance	ŀ				
rna	2	Check this	s box I if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets
Š			f voting members of the governing body (Part VI, line 1a)	3	13
Ğ	i		f independent voting members of the governing body (Part VI, line 1b)	4	13
ος O	Ĭ		ber of employees (Part V, line 2a)	5	9
iţi			ber of volunteers (estimate if necessary)	6	13
₹	1			7a	0.
ĕ	1		s unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unreia	ated business taxable income from Form 990-T, line 34	7b	
			ons and grants (Part VIII) line 151	Prior Year	Current Year
e	8		Ons and grants (rait viii, interin)	1,769,735.	2,161,729.
5=	∮ 9 ∣	Program s	service revenue (Part VIII, line 2g)	26,743.	15,601.
Revenue	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7th 2010	81,932.	16,316.
		Other reve	enue (Part VIII, column (A), lines 5, 6d (8d, 9c, 10c, and 11e)		1,201.
e	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,878,410.	2,194,847.
~	13 (Grants an	d similar amounts paid (Part IX, column (A); Ines 1.3)	164,980.	515,437.
MANNERS SEP	14	Benefits p	paid to or for members (Part IX, column:(A), line 4)		
လွှ	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)	629,360.	765,910.
Cğ.	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)	26,325.	
Lig.	Ь.	Total fund	Iraising expenses (Part IX, column (D), line 25) > 206,741.		***************************************
Ŷ	1		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	886,789.	968,074.
ζ.	1		enses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,707,454.	2,249,421.
~	1	•	less expenses Subtract line 18 from line 12	170,956.	-54,574.
Sec		10101100	oce expenses education to hell line to	Beginning of Current Year	End of Year
Net Assets or V Fund Balances	20	Total acco	ets (Part X, line 16)	2,401,916.	2,520,202.
ASS Ba	21		` ' '	76,346.	117,304.
雪	21		lities (Part X, line 26)	2,325,570.	2,402,898.
	22 art II	·1	s or fund balances Subtract line 21 from line 20 ture Block	2,323,310.	2,402,030.
Г	211 11			to and to the best of my knowledge	so and hallof it in this correct
		and comple	lties of penury, I declars that I have examined this return, including accompanying schedules and statemen the Declaration of proparer (other than officer) is based on all information of which preparer has any knowled	ge	ge and belief, it is true, correct,
		. (. /.
Sig	n		HIME-	8/1	<u> </u>
Her	re	V Sign	attle of officer	Date *	•
			HN M. HUBER, EXECUTIVE DIRECTOR		
		Тур	e or print name and title		
Paid	.	Preparer's		Check if Prepare	er's identifying number structions)
		signature	V UNVA F. BAUM CIT 10-13-10 1	employed	
•	parer's	Firm's name	GELMAN, ROSENBERG & FREEDMAN	EIN ►	,
use	Only	self-employ	∞ 14550 MONTGOMERY AVE., SUITE 650 NOR		
		address, an ZIP + 4	BETHESDA, MARYLAND 20814-2930	Phone no ► (301) 951-9090
Mar	v the IC		s this return with the preparer shown above? (see instructions)	Truone no E. C.	X Yes No
ivia)	y une ir	เบ นเธยนร	a ma termin with the brehaist arrown above, (see ilistractions)		LALITES L NO

1 Bandly describe the organization's mission TO SUPPORT PATIENTS, FAMILIES AND CAREGIVERS COPING WITH APLASTIC ANSWERS, SUPPORT AND HOPE. 2 Did the organization undertakes any significant program services during the year which were not listed on the prior form 990 or 990 E27 If Yes, 'describe these new services on Schedule O. 2 Did the organization undertakes any significant program services during the year which were not listed on the prior form 990 or 990 E27 If Yes, 'describe these new services on Schedule O. 3 Did the organization recess condition, or make significant changes in how it conducts, any program services by expenses Section 501(c)(S) and 501(c)(i) organizations and section 4947(c)(I) must are required to report the amount of grants and allocations to others, the total sepaceses, and reverse 1, any, for each program service report and allocations to others, the total sepaceses, and reverse 1, any, for each program service report and allocations to others, the total sepaceses, and reverse 1, any, for each program service to report the amount of grants and allocations to others, the total sepaceses, and reverse 1, any, for each program services by expenses Section 501(c)(S) and 501(c)(i) organizations and section 4947(c)(I) must are required to report the amount of grants and allocations to others, the total sepaceses, and reverse 1, any, for each program services by expenses 1, 823, 975 - micluding grants of \$ 15, 437 -)(Revenue \$ 15, 601 -) 4 (Code) (Expenses \$ including grants of \$ 10, Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code) (Expen	Par	t III Statement of Program Service Accomplishments
ANEMIA, MDS, PNH AND RELATED BONE MARROW FAILURE DISEASES BY PROVIDING ANSWERS, SUPPORT AND HOPE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 990-E? If Yes, describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No If Yes, describe these changes on Schedule 0. Describe the exempt purpose achievements for each of the organization's three largest program services by expanses Section 501(c)(3) and 301(c)(4) organizations and section 1947(c)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 45 (Code) (Expanses \$ 1, 823, 975 · including grants of \$ 515, 437 ·)(Revenue \$ 15, 601 ·) PROVIDE PATIENT EDUCATION MATERIALS AND PROGRAMS REGARDING DIAGNOSIS, TREATMENT AND LIVING WITH BOKE MARROW FAILURE DISEASES; PROVIDE DEER SUPPORT THROUGH A NETWORK OF VOLUNTEERS; BUILD AWARENESS AND KNOWLEDES SUPPORT THROUGH A NETWORK OF VOLUNTEERS; BUILD AWARENESS AND KNOWLEDE SUPPORT TREATMENT AND FIND A CURE FOR BONE MARROW FAILURE DISEASES. 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)	1	
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	<u>4e</u>	

Form	990 (2009) FOUNDATION, INC. 52-1336	903	<u>P</u>	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		,	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١.		v
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			Х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1.0		Х
	If "Yes," complete Schedule D, Part V	10		Λ_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	11	Х	
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,		1.	<u> </u>
•	Part VI.			ŀ
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	ŧ		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		177
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Х	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Α-	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45	X	
46	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
47		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		1
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	···	1	
19	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X
	The state of the s		990	(2009)

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Page 4

	Trate. Air I will and meta are required to complete contocute of			(2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	35	L	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	Schedule N, Part II	32	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	l v
	If "Yes," complete Schedule N, Part I	31	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			_
b		28b		Х
а		28a		X
	instructions for applicable filing thresholds, conditions, and exceptions):			ŀ
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	Schedule L, Part III	27		Х
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		<u></u>
	Schedule L, Part I	25b		X
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
208	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
ы	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
С	any tax-exempt bonds?	24c		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
L	Schedule K. If "No", go to line 25	24a 24b		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
04-	Schedule J	23	<u> </u>	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
			Yes	No
	Officerist of Nedured Octreduces (continued)			

Form 990 (2009) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 52-1336903 Page **5**

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns: Enter -0- if not applicable be Enter the number of Forms W2C included in line 1a. Enter-0- if not applicable 1. 2 Did the organization comply with backup withholding nulse for reportable payments to vendors and reportable gamining (gambling) withings to prize withores? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return. 3 If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 4 Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 5 Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 5 Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 5 Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 6 Note If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 7 Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 8 Note 1 the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. 9 At any time during the calendar year, did the organization in Schedule 0 4 At any time during the calendar year, did the organization schedule 0 4 At any time during the calendar year, did the organization schedule 0 5 Note 1 the sum of the foreign country. 8 Note 1 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Note 1 the organization and party to a prohibited tax sheller transaction? 5 Note 1 the organization and party to a prohibited tax sheller transaction? 6 Note the organization have annual gross receipts that are normally greater than \$100,				Yes	No								
U.S. Information Returns Enter 0- if not applicable Enter the number of Forms WGO (included in the 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1 If a lex 3 consists of the second of the sec	1a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of											
Enter the number of Forms WGG included in tine 1a. Enter 9-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamilling) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamilling) withings to prize withing the gamilling rules for reportable payments to vendors and reportable gaming (gamilling) withings to prize withing the gamilling rules for reportable payments to vendors and reportable gaming (gamilling) withings withing the gamilling rules for reportable payments to vendors and reportable gaming (gamilling) withings withing the gamilling rules of reportable payments to vendors and reportable gaming (gamilling) withings withing the gamilling rules of the gamilling reportable payments to the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a	-	21											
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(gambling) winnings to pitze winners? 2	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		:									
filed for the calendary year ending with or within the year covered by this return 2a 9 X X			1c	Х									
filed for the calendary year ending with or within the year covered by this return 2a 9 X X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
It I all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X					į								
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fire this return. (see instructions) 3	b		2b	Х									
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 4a X 5b If "Yes," enter the name of the foreign country. ► 5ase the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5b Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5 a or 5b, did the organization the foreign shelt it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Deas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization because a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2892? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 7e X 7f X 7g For all contributions of dualified intellectual property, did the organization file a Form 1098 C as required? 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization, have excess business holdings at any time d					į								
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6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization soli, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 For all contributions of cars, boats, airplanes, and other vehicles, did the organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make a distributions under section 4966? N/A b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9a 9b 10 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from embers or shareholders b Gross income from embers or shareholders b Gross income from embers or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received f	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited											
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Form 990 (2009)

FOUNDATION, INC.

52-1336903

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management					
		1.1		1 2	Yes	No
	Enter the number of voting members of the governing body	1a		13		
_	Enter the number of voting members that are independent	1b		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			37
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			.,
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior For		was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the			
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal stockholders are stockholders.			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during	the year			
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)			
				,	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing the	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give	rise			
	to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes," d	describe			
	in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	d by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a	[
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate it	s participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	anızatı	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MD					-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501()(3)s only) ava	lable for		
	public inspection. Indicate how you make these available. Check all that apply.		//			
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest pol	cv. and fina	incial	
-	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	ords of the ord	anization 🌬	•	
	JOHN M. HUBER - 301-279-7202					
	100 PARK AVENUE SUITE 108, ROCKVILLE, MD 20850					
	The second secon		<u> </u>	Fa	990	2000

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average		current officer, director, (C) Position					(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	(cl	check all that apply)				ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	other compensation from the organization and related organizations
NEIL HORIKOSHI	2 00	,,		,,				0	0	0
CHAIR	2.00	X		X		 -		0.	0.	0.
BRIAN MATSUI	1 00	,,		,,				_	_	0
VICE CHAIR	1.00	X	ļ	Х	_		_	0.	0.	0.
RUTH CUADRA	1 1 00	v		\ V		İ			ο.	0
SECRETARY TONY CAMELLIAND	1.00	Х	┝	X	_	├		0.	0.	0.
TONY SANFILIPPO	1.00	l,	ļ	X				0.	0.	0
TREASURER STEPHANIE DILLON HAMM	1.00	X	┢	^		-		0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
KEITH JACKSON	1.00	^				\vdash		0.	.	٠.
BOARD MEMBER	1.00	Х						0.	0.	0.
STEPHEN KING	1.00	Λ	╁			├	┢	0.	0.	0.
BOARD MEMBER	1.00	Х					1	0.	0.	0.
JAMES MACGILLIVRAY	1.00	<u> </u>						<u> </u>	•	
BOARD MEMBER	1.00	X						0.	0.	0.
HARSHA MURTHY							<u> </u>			
BOARD MEMBER	1.00	X						0.	0.	0.
ELIZABETH NIE					!	<u> </u>	l			
BOARD MEMBER	1.00	X					İ	0.	0.	0.
MICHAEL SUH			T		T -					
BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN LYONS-TARR						Π	Γ			
BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT TOZZOLI										
BOARD MEMBER	1.00	X		<u></u>		<u> </u>		0.	0.	0.
JOHN M. HUBER										
EXECUTIVE DIRECTOR	40.00	L		Х	L		L	145,000.	0.	21,906
SANDRA WALTER										
DIRECTOR OF DEVELOPMENT	40.00	-				X	-	109,271.	0.	13,714.
			_	_		_				
922007 02 04 10		•								Form 990 (2009)

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Par	VII Section A. Officers, Directors, Tru (A)	istees, Key Er (B)	nplo	yee		<u>nd I</u> C)	ligh	est	Compensated Employ (D)	ees (continued) (E)	I		(F)	
Name and title Average					۲۰ Pos	-	1		Reportable	Reportable		Estimated		
		hours per week	Individual trustee or director	Institutional frustee	all		Highest compensated demployee		compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	5	com fr org and	nount other pensa om th anizat d relat anizati	ation e ion ed
						_	_							
1 b	Total								254,271.		0.	3	5.6	20.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wh	no re	· 	,000 in reportable	e			2
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	ıplo	yee,	or h	nighest compensated er	mployee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d otl	her compensation from	the organization		3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									ices rendered to		4	X	
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	lule J for such	pers	on								5		Х
1	Complete this table for your five highest countered the organization NONE	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	(A) Name and business	address							(B) Description of s	ervices	С	ompe) nsatio	'n
								_						
								_						
	Total number of independent analysis and	n aludia - but			ء 4 ام	. de -			d above) who we saw - 1 -	acro ther				
2 —	Total number of independent contractors (\$100,000 in compensation from the organi		iot II	е			0	siec	a above, who received n	iore man	<u></u>		990	(2000)

FOUNDATION, INC.

Pa	rt V	<u> </u>	Statement of Rever	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 :	a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	1	b	Membership dues	1b	···				
is, ç		С	Fundraising events	1c					
gif Iar	(d	Related organizations	1d					
ž.	(е	Government grants (contribut	ions) 1e					
er s	1	f	All other contributions, gifts, grant						
έξ			similar amounts not included above	ve 1f	2161729.				
det	•	g	Noncash contributions included in lines	1a-1f \$	15,885.				
0 8	1	h	Total. Add lines 1a-1f		•	2161729.			
					Business Code		1- 000		
çe	2 8		SERVICE FEES		900099	15,000.	15,000. 601.		
er re	١	b	CONFERENCE		900099	601.	601.		
n S	(С							
Pa Pa	١ ١	d							
Program Service Revenue	•	е							
т.		f	All other program service reve	enue		15 601			[
		9	Total. Add lines 2a-2f		<u> </u>	15,601.			E
	3		Investment income (including	aividenas, intere	est, and	45,286.			45,286.
			other similar amounts)			45,200.			43,200.
	4		Income from investment of tax	x-exempt bond t	proceeds				
	5		Royalties	(ı) Real	(II) Personal				<u> </u>
	6	2	Gross Rents	(I) Neal	(ii) Fersonai				1
	i .		Less rental expenses		1				
	1	c	Rental income or (loss)						
	l		Net rental income or (loss)		>				
	l		Gross amount from sales of	(I) Securities	(II) Other				
			assets other than inventory	2,075,948.	 '				
		þ	Less: cost or other basis						
			and sales expenses	2,103,579.	1,339. -1,339.				
	,	C	Gain or (loss)	-27631.	-1,339.				
	,	d	Net gain or (loss)			-28,970.			-28,970.
Other Revenue	8	а	Gross income from fundraisin including \$						
ě			contributions reported on line	1c). See					<u> </u>
er F			Part IV, line 18	а					
ŧ		b	Less: direct expenses	b					
_			Net income or (loss) from fund		<u> </u>				ļ
	9	а	Gross income from gaming ac	ctivities See					1
			Part IV, line 19	a		Į			1
			Less: direct expenses	b		-			1
			Net income or (loss) from gam	-	<u> </u>				
	10	а	Gross sales of inventory, less						
			and allowances	a					
	ı		Less cost of goods sold	, b					ŧ
		c	Net income or (loss) from sale		lp				<u> </u>
	-	_	Miscellaneous Revenu	ie	Business Code 900099	1,201.			1,201.
					700099	1,201.			1,201.
	l	b							 -
	l	c d	All other revenue						
		-	Total. Add lines 11a-11d			1,201.			
	12	J	Total revenue See instructions		•	2194847.	15,601.	0.	17,517.
9320 02-0					<u> </u>	,			Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

- Do	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	470,437.	470,437.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				-
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	45,000.	45,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			ı.	
	trustees, and key employees	166,906.	83,453.	66,762.	16,691.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	508,293.	352,645.	60,684.	94,964.
8	Pension plan contributions (include section 401(k)	:			
	and section 403(b) employer contributions)	16,207.	11,859.	1,045.	3,303. 5,820.
9	Other employee benefits	29,412.	21,132.	2,460.	5,820.
10	Payroll taxes	45,092.	29,345.	8,192.	7,555.
11	Fees for services (non-employees)				
а	Management				·
b	Legal				
С	Accounting	71,064.	61,452.	6,120.	3,492.
d	Lobbying	66,079.	66,079.		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	262,140.	217,749.	28,264.	16,127.
12	Advertising and promotion				
13	Office expenses	194,825.	156,476.	9,403.	28,946. 5,780.
14	Information technology	36,791.	24,457.	6,554.	5,780.
15	Royalties				
16	Occupancy	72,432.	47,137.	13,159.	12,136.
17	Travel	48,665.	45,077.	2,782.	806.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		11111		
19	Conferences, conventions, and meetings	146,757.	146,170.	410.	177.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,360.	27,567.	7,696.	7,097. 2,022.
23	Insurance	12,074.	7,858.	2,194.	2,022.
24	Other expenses Itemize expenses not covered				
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below)				
а		9,628.	7,205.	1,261.	1,162.
b		2,608.	1,697.	474.	437.
С		1,946.	1,180.	540.	226.
d	AWARDS ADMIN. FEE	705.		705.	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,249,421.	1,823,975.	218,705.	206,741.
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		3.	1	213.
	2	Savings and temporary cash investments		729,682.	2	1,088,242.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		244,795.	4	98,526.
	5	Receivables from current and former officers, di	rectors, trustees, key		1	
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as				
	•	4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		16,191.	9	14,566.
	10a	Land, buildings, and equipment: cost or other		,		
		basis. Complete Part VI of Schedule D	10a 208,387.			_
	b	Less: accumulated depreciation	10b 166,834.	65,791. 1,172,941.	10c	41,553.
	11	Investments - publicly traded securities		1,172,941.	11	1,094,904.
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14	*****	
	15	Other assets. See Part IV, line 11	172,513.	15	182,198.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,401,916.	16	2,520,202. 117,304.
	17	Accounts payable and accrued expenses	76,346.	17	117,304.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	~~~
Liabilities	22	Payables to current and former officers, directo	rs, trustees, key employees,			
iab		highest compensated employees, and disqualif	ied persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		76,346.	26	117,304.
		Organizations that follow SFAS 117, check h	ere ► X and complete			
es	1	lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets		1,562,556.	27	1,332,436. 1,070,462.
3ali	28	Temporarily restricted net assets		763,014.	28	1,070,462.
β	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, or	heck here 🕨 📖 and			
٥		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	;		30	
Ass	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
et	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
Z	33	Total net assets or fund balances	•	2,325,570.	33	2,402,898.
	34	Total liabilities and net assets/fund balances		2,401,916.	34	2,520,202.

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APLASTIC ANEMIA & MDS INTERNATIONAL

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

52-1336903 Form 990 (2009) FOUNDATION, INC. Part XI Financial Statements and Reporting Yes No X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c Х review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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За

3b

Х

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

Employer identification number 52-1336903

Pa	rt I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this part) See inst	tructions					
	1			because it is (For lines		·				 				
1	C C		•	s, or association of chur	_		•	•	ı					
2	一			70(b)(1)(A)(ii). (Attach Sc		ilbed ili 30	Ction 170	(=)(-)(-)(-)	·					
3	一			ital service organization		n continu	4.70/b\/4\/	/A\/:::\						
<u>ی</u>	岩	•	•	•					/L\/4\/A\/;	ii) Entarth	ا مغیممینما	,	_	
4			-	operated in conjunction	with a nos	pital descr	ibed iii se	Ction 170	(0)(1)(A)(1	ii). Enter th	e nospitai	Silain	e,	
E	$\overline{}$	city, and stat		bonefit of a college or							J 12			
5	ш			benefit of a college or un	niversity ov	wnea or op	perated by	a governi	mentai un	t described	מו ב			
_			(b)(1)(A)(iv). (Compl	•										
6				ent or governmental uni										
7	X	_	•	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general pu	ublic desc	ribed ii	า	
	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8	Щ	-			•	•								
9	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 exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investmen													
		income and $\boldsymbol{\iota}$	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon af	ter June 3	0, 197	5	
		See section	509(a)(2) . (Complete	e Part III)										
10	\square	An organizati	on organized and o	perated exclusively to te	st for publi	ıc safety. S	See sectio	n 509(a)(4	1).					
11	Ш	An organizati	on organized and o	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	urposes o	f one o	or	
		more publicly	supported organization	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2) See sec	ction 509(a)(3). Chec	k the box	that		
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h							
		a Type I	b	_ Type II و	з 🔙 Тур	e III - Func	tionally int	egrated		d	Type III - C	Other		
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one o	r more dis	qualified pe	ersons oth	er tha	n	
		foundation m	anagers and other t	than one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 50	9(a)(1) or se	ection 509	(a)(2)		
f		If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting or	rganization, check ti	his box										
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?				
		(i) A person	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ii) and ((III) below,		Yes	No	
		the gove	erning body of the s	upported organization?							11g(i)			
		(ii) A family	member of a perso	n described in (i) above?	ı						11g(ii)			
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (II) above	e?					11g(iii)			
h		Provide the fo	ollowing information	about the supported or	ganization	(s).								
			•	• •	•	, ,								
/i)	Name	of supported	(ii) EIN	(III) Type of	(IV) Is the o	rganization	(v) Did voi	ı notify the	(vi) Is		(vii) An	ount o	f	
('')		nization	(11) 2114	organization		sted in your			organizati	on in col	sup		'	
				(described on lines 1-9 above or IRC section	governing	document?	(ı) of you	support?	(I) organiz U S	2				
				(see instructions))	Yes	No	Yes	No	Yes	No				
_						<u> </u>								
				-						l				
						-								
						1								
		<u></u>			<u> </u>					+ +	.			
]								
				<u> </u>	 	-			<u> </u>	 -				
Tota	.1								1					

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

52-1336903 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	1,135,913.	1,216,301.	1,356,182.	1,769,735.	2,161,729.	7,639,860.
2	Tax revenues levied for the organ-					•	
	ization's benefit and either paid to						
	or expended on its behalf					1	_
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,135,913.	1,216,301.	1,356,182.	1,769,735.	2,161,729.	7,639,860.
5	The portion of total contributions						
	by each person (other than a		ļ	1			
	governmental unit or publicly					:	
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,			1			
	column (f)			1			1,774,841.
6	Public support. Subtract line 5 from line 4			<u>-</u>			5,865,019.
	ction B. Total Support	L	L				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	1,135,913.	1,216,301.	1,356,182.	1,769,735.	2,161,729.	7,639,860.
8	Gross income from interest,	2,200,000					
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	59,182.	83,406.	75,420.	81,932.	45,286.	345,226.
9	Net income from unrelated business	33,132.	33,1333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02/3020	10/2001	010/0201
3	activities, whether or not the						
10	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)					1,201.	1,201.
44	· · · · · · · · · · · · · · · · · · ·					1/201.	
	Total support. Add lines 7 through 10			E		12	7,986,287.
12	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	d faculth as fifth to	v voor oo o oodto		340/1031
13	organization, check this box and stop	•	ilist, second, tillit	z, iourtii, or iiitii ta	A year as a section	11 30 1 (0)(3)	▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
-	Public support percentage for 2009 (oluma (fl)		14	73.44 %
15			-	Oldfill (I))		15	84.61 %
	a 33 1/3% support test - 2009.If the o			line 13, and line 1.	1 ie 33 1/3% or m	· · · · · · · · · · · · · · · · · · ·	
100	stop here. The organization qualifies	-			4 13 33 173 70 01 111	ore, check this bo	► X
	33 1/3% support test - 2008.If the o		•		ine 15 ie 33 1/3%	or more, check th	
•	and stop here. The organization qual	=			ine 13 is 33 17370	or more, check in	▶ □
17.			• • •		13 16a ar 16b a	nd line 14 is 10%	or more
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	rt iv now the organ	IIZation ►
	meets the "facts-and-circumstances"	•	•		•	7 line 45 in 1	
'	o 10% -facts-and-circumstances tes	-					
	more, and if the organization meets t						,
	organization meets the "facts-and-circ		_				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 166, 1/a, or 1/b			
					Sche	eaule A (Form 990	or 990-EZ) 2009

Pa	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)							
	ction A. Public Support				-			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-						•	
	iness under section 513			,				
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
Sec	ction B. Total Support		·					
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital							
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				1			
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organiz	ration.	
	check this box and stop here		,,	,	,	· (-)(-) ga	▶ □	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2009 (column (f))		15	 %	
16	Public support percentage from 2008			· · · · · · · · · · · · · · · · · · ·		16	%	
Sec	ction D. Computation of Inve					h 1		
17						17		
18							<u> </u>	
	33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than	L		
	more than 33 1/3%, check this box a						▶ □	
	33 1/3% support tests - 2008. If the						and	
•	line 18 is not more than 33 1/3%, che						▶ □	
20	Private foundation. If the organization		_	•		-	▶ □	
				,			0 or 990-EZ) 2009	
							-,	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizate 				
	C ANEMIA & MDS I	NTERNATIONA	⊥ Empl	loyer identification number
	ION, INC.			52-1336903
Part I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities		
2 Political expenditures			▶ \$	
3 Volunteer hours				
Part I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	anization is exempt und	ler section 501(c)		
 Enter the amount directly expended 	I by the filing organization for se	ction 527 exempt fund	ction activities	
2 Enter the amount of the filing organ	zation's funds contributed to ot	ther organizations for s	section 527	
exempt function activities			▶\$	
3 Total exempt function expenditures	Add lines 1 and 2. Enter here a	and on Form 1120-POL		
line 17b			▶\$	
4 Did the filing organization file Form	•			Yes No
5 Enter the names, addresses and en			•	
For each organization listed, enter t that were promptly and directly deli	,	•	·	
(PAC) If additional space is needed	· · · · -		parate segregated fund of	a political action committee
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and
			funds. If none, enter -0-	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
	i			
		1	1	1

932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	FOUNDATIO	N. TNC.	INTERNATIO		336903 Page 2
Part II-A Complete if the org			501(c)(3) and file	ed Form 5768	330303 Fage Z
(election under sec		,			
A Check ▶ ☐ If the filing organiza	tion belongs to an a	affiliated group			
		and "limited control" pro	visions apply.		
	ts on Lobbying Ex ditures" means am	penditures nounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinio	n (grass roots lobbying)		0.	
b Total lobbying expenditures to influ	•			66,079.	
c Total lobbying expenditures (add li	=	(ccot (cyg/		66,079.	
d Other exempt purpose expenditure	•			2,184,681.	
e Total exempt purpose expenditure		1d)			
f Lobbying nontaxable amount Enter	-		columns.	2,250,760. 262,538.	
If the amount on line 1e, column (a) o	r (b) is. The I	obbying nontaxable amo	ount is:		
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225	,000 plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,00	00,000.			
g Grassroots nontaxable amount (er	ter 25% of line 1f)			65,635.	
h Subtract line 1g from line 1a If zer	·			0.	
i Subtract line 1f from line 1c If zero				0.	<u> </u>
j If there is an amount other than ze		or line 11, did the organiza	ation file Form 4720	۲	
reporting section 4911 tax for this			0 1: 504#1	<u> </u>	Yes No
	ations that made dumns below. See	Averaging Period Under a section 501(h) election the instructions for line	do not have to comp s 2a through 2f on pa		
	Lobbying Ex	penditures During 4-Yea	r Averaging Period		г
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		213,345.	235,373.	262,538.	711,256.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 				`	1,066,884.
c Total lobbying expenditures		60,000.	67,968.	66,079.	194,047.
d Grassroots nontaxable amount		53,336.	58,843.	65,635.	177,814.
e Grassroots celling amount (150% of line 2d, column (e))			,		266,721.

Schedule C (Form 990 or 990-EZ) 2009

30,000.

30,000.

f Grassroots lobbying expenditures

52-1336903 Page 3

Schedule C (Form 990 or 990-EZ) 2009 FOUNDATION, INC. 52-133690 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

				b)
	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter			-	
or referendum, through the use of:			ŀ	
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?]	
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?			l	
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 similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>	
art III-A Complete if the organization is exempt under section 501(c)(4), sec	ction 501(c)(5), or s	ection	
501(c)(6).			_	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		ļ
		2		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Eart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and 2 are answered "No" OR if III-A, lines 1 and III-A, lines				<u> </u>
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes."		ine 3 is a		<u> </u>
Did the organization agree to carryover lobbying and political expenditures from the prior year? [Application of the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." [Application of the prior year? [Application of the prior year. [Application	Part III-A, I			i
Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	Part III-A, I	ine 3 is a		i
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	Part III-A, I	ine 3 is a		ii
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year	Part III-A, I	ine 3 is a		i
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	Part III-A, I	1 2a 2b		1
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	Part III-A, I	1 2a 2b 2c		d
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	Part III-A, I	1 2a 2b		1
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polymenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	Part III-A, I	1 2a 2b 2c		1
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying are	Part III-A, I	2a 2b 2c 3		1
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polymenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	Part III-A, I	1 2a 2b 2c		1

932043 02-04-10

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

APLASTIC ANEMIA & MDS INTERNATIONAL ECTIVIDATE ON

Employer identification number 52-1336903

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	le or Accounts Complete if the
rai			is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
_	Total construction of an electronic	(a) Donor advised failes	(b) i dilas and other associate
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
^	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
Par	Impermissible private benefit? II Conservation Easements. Complete if the org	reprization answered "Ves" to Form 990	Part IV line 7
******			Fait IV, lille 7.
1	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation or public use).		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Preservation of a ce	Timed historic structure
2	Complete lines 2a through 2d if the organization held a qualif	find concentation contribution in the form	n of a concentation excement on the last
_	day of the tax year.	ned conservation contribution in the form	nor a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		
•	year >	ioacoc, oxungerence, ox terrimiares sy u	To organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		f
	violations, and enforcement of the conservation easements	- · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$ > \$
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

APLASTIC ANEMIA & MDS INTERNATIONAL

		ION, INC.						52 <u>–13</u>	36903	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	t are a si	gnificant i	use of its	collection	items	3
	(check all that apply)										
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	ams					
þ	Scholarly research	е	. 🗆	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizati	on's exe	mpt purpo	se in Par	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er sımılaı	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's co	llection?				Yes		<u>No</u>
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if orga	anization ar	swered "Yes	s" to For	m 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	ontribution	s or other as	sets not	ıncluded				_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing to	able							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIV.	<u></u>									
Par	t V Endowment Funds. Complete	f the organization ar	swered '	Yes" to Fo	rm 990, Part	IV, line 1	0		,		
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions						***********				
С	Net investment earnings, gains, and losses										
d	Grants or scholarships						····				
е	Other expenditures for facilities					1					
	and programs						,				
f	Administrative expenses										
g	End of year balance		:		<u> </u>				<u> </u>		
2	Provide the estimated percentage of the year	ır end balance held a	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
За	Are there endowment funds not in the posses	ession of the organiz	ation tha	t are held a	nd administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization:	s listed as required o	on Sched	ule R?					3b		
4	Describe in Part XIV the intended uses of the	•									
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10					
	Description of investment	(a) Cost or of basis (investigation)			or other (other)	, , ,	ccumulate preciation	ed	(d) Bool	k valu	9
1a	Land										
ь	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other			20	8,387.		166,8	34.	4	1,5	53.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pan	X, colun	nn (B), line	(O(c).)			>	4	1,5	53.

Schedule D (Form 990) 2009

			_
FOUN.	DATTO	N. TN	\boldsymbol{C}

Closely-held equity interests Other Total. (Cot (b) must equal form 990, Part X, cot (8) line 12.) Part Viii Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Cot (b) must equal Form 990, Part X, cot (8) line 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (d) Description (b) Book value Total. (Cot (b) must equal Form 990, Part X, cot (8) line 13.) Total. (Cot (b) must equal Form 990, Part X, cot (8) line 15.) Total. (Cot (b) must equal Form 990, Part X, cot (8) line 15.) Total. (Cot (b) must equal Form 990, Part X, cot (8) line 15.) [Part X Other Liabilities. See Form 990, Part X, line 25.] (a) Description of liability (b) Amount	Part VII Investments - Other Securities. See	e Form 990, Part X, lir	ine 12.	-	······································
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25.	(a) Description of security or category				
Total. (Col (b) must equal form 990, Part X, col (B) line 12) > Part Viii Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal form 990, Part X, col (B) line 13) > Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Book value (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description (b) Book value (c) Description of liability (c) Amount	Financial derivatives				
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Total (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (a) Description of investment type (b) Book value (cost or end-of-year market value) Total (Col (b) must equal Form 990, Part X, col (B) line 13 Part X Other Assets. See Form 990, Part X, line 15. CHARITABLE REMAINDER TRUST (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Viii Investments - Program Related. See Form 990, Part X, line 13					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Vill Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value					
Part Viii Investments - Program Related. See Form 990, Part X, line 13					
(a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description (e) Book value (f) Book value (g) Method of valuation: Cost or end-of-year market value (h) Book value (Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
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Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount	(a) Description of investment type	(b) Book value	Co		
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount				····	
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Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book values SECURITY DEPOSITS 5, CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					~~~
(a) Description SECURITY DEPOSITS CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
SECURITY DEPOSITS CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount	h				(h) Dook volue
CHARITABLE REMAINDER TRUST 176, Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount		Description			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					5,800. 176,398.
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount	CHARITABLE REMAINDER TRUST				1/0,390.
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount	·				
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
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Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount					
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount			•		
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Amount	Total (Column (b) must equal Form 000, Part Y, cal (P) line	15)			182,198.
1 (a) Description of liability (b) Amount					102/150:
	1 · · · · · · · · · · · · · · · · · · ·	1110 20.	(b) Amount		
i ederal income taxes	· · · · · · · · · · · · · · · · · · ·		(1,711111111111111111111111111111111111	1	
	rederal income taxes			-	
				1	
l t				-	
		-		1	
				1	
				1	
		-		1	
		-		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	Total (Column (h) must squal Form 000 Port V col (P) line	251		-	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability			otion's financial states	to that rangets the	ionization's lightless for

932053

Schedule D (Form 990) 2009-

Par	XI Reconciliation of Change in Net Assets from Form 990 to A	Judited Finance	cial Stat	ement	ts .
	Total revenue (Form 990, Part VIII, column (A), line 12)	taanca i man	1		2,194,847.
	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,249,421.
	Excess or (deficit) for the year Subtract line 2 from line 1		3		-54,574.
	Net unrealized gains (losses) on investments		4		131,602.
	Donated services and use of facilities		5		
-	Investment expenses		6		
	Prior period adjustments		7	-	300.
	Other (Describe in Part XIV)		8		
	Total adjustments (net) Add lines 4 through 8		9		131,902.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		77,328.
	XII Reconciliation of Revenue per Audited Financial Statemen		ue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	2,327,788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a 13	1,602	<u>.</u>	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,339	.	
е	Add lines 2a through 2d			2e	132,941.
3	Subtract line 2e from line 1			3	2,194,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	ī			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b		_	
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,194,847.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses pe	r Retu	irn
1	Total expenses and losses per audited financial statements			1	2,250,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
С	Other losses	2c	1 000	_	
d	Other (Describe in Part XIV)	2d	1,339	-	1 222
е	Add lines 2a through 2d			2e	1,339.
3	Subtract line 2e from line 1			3	2,249,421.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-}	
b	Other (Describe in Part XIV)	4b		-	
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,249,421.
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,				

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2009, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2009

APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule D (Form 990) 2009 FOUNDATION, INC.	52-1336903 P	age 5
Part XIV Supplemental Information (continued)		
LOSS ON DISPOSAL OF ASSETS SHOWN AS EXPENSE ON THE FINANCIA	AL	
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VII	ΙΙ	
LINE 7C.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	··	
LOSS ON DISPOSAL OF ASSETS SHOWN AS EXPENSE ON THE FINANCIA	AL	
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VII	[I	*
LINE 7C.		
		
	e e	
	, , , , , , , , , , , , , , , , , , , ,	
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Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
Attach to Form 990. See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

52-1336903

Pa	rt I General Info to Form 990, Pa		ctivities Out	tside the United States. Comple	ete if the organization answered	"Yes"
1			n maintain record	ds to substantiate the amount of the gr	ants or assistance, the	
•	-	-		selection criteria used to award the gra	ints or assistance?	Yes No
2	For grantmakers. Desc	cribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds outside the United S	tates.
3	Activities per Region (U	Jse Schedule F-1	(Form 990) if ad	Iditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUR	OPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		45,000.
Tota	als >		0			45,000.
ΙHΔ	For Privacy Act and P	anerwork Reduc	tion Act Notice	see the Instructions for Form 990	Schedule	(Form 990) 2009

APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Page 2

52-1336903

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MEDICAL RESEARCH	45,000.	WIRE	0		
							:	
		-						
,								
	1							
recipient organizations he grantee or couns		ons listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		1
Enter total number of other organizations or entitles		or entities				•		0

Schedule F (Form 990) 2009

APLASTIC ANEMIA & MDS INTERNATIONAL

FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2009

Page 3

52-1336903

Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 990) If additional space is needed.	If additional space is ne	eded.					
(a) Type of grant or assistance	(b) Region	er of ts	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	:						
		-		•			
				,			
		-					
						Schedul	Schedule F (Form 990) 2009

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APLASTIC ANEMIA & MDS INTERNATIONAL

Schedule F (Form 990) 2009 FOUNDATION, INC.	52-1336903	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional information.		
GRANT RECIPIENTS ARE REQUIRED TO SUBMIT DETAILED AND THOS	ROUGH PROGRESS	
REPORTS AND A DETAILED AND THOROUGH FINAL REPORT TO AA&MD	SIF ON WORK	
PERFORMED DURING THE PERIOD OF AWARD. GRANT FUNDS MAY ONI	Y BE USED TO	
SUPPORT DIRECT COSTS OF RESEARCH AND INDIRECT COSTS UP TO	10% OF THE	
GRANT.		
	· · · · · · · · · · · · · · · · · · ·	

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. APLASTIC ANEMIA & MDS INTERNATIONAL General Information on Grants and Assistance FOUNDATION, Name of the organization Department of the Treasury internal Revenue Service SCHEDULEI (Form 990) Part

Open to Public Inspection 2009

Employer identification number 52-1336903 **ջ** ∏ X Yes

	stance?	**************************************		30,000			X Yes	§
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in th	e United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no on	\$5,000. Check this	s box if no one recipier	nt received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	ie recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CLEVELAND CLINIC FOUNDATION P O ROX 911568								
CLEVELAND, OH 44193	34-0714585	501(C)3	365,383.	0			MEDICAL RESEARCH	
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, CAMPUS BOX 103								
ST. LOUIS , MO 63112-1408	58-0566256	501(C)3	15,000.	0			MEDICAL RESEARCH	
H. LEE MOFFITT CANCER CENTER & RESEARCH - 12902 MAGNOLIA DRIVE -								
TAMPA, FL 33612	59-2451713	501(C)3	7,500.	0.			MEDICAL RESEARCH	
GENTS OF THE UNIVERS								
CA - 3333 CALIFORNIA ST., STE. 315 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	30,000.	0			MEDICAL RESEARCH	
THE UNIVERSITY OF CHICAGO RESEARCH								
ADMINISTRATION - 970 E. 58TH ST.,								
3RD FLOOR - CHICAGO, IL 60637	36-2177139	501(C)3	7,500.	0.			MEDICAL RESEARCH	
UNIVERSITY OF MASSACHUSETTS,					•			
AMHERST OFFICE OF GRANT & CONTRACT								
ADMINISTRAT - 70 BUTTERFIELD								
TERRACE - AMHERST, MA 01003-9242	04-3167352	115	28,527.	0.			MEDICAL RESEARCH	
2 Enter total number of section 501(c)(3) and government organizations	nd government o	rganizations					•	9
3 Enter total number of other organizations	S						•	9
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	, see the Instructions	for Form 990.				Schedule I (Form 990) 2009) 2009

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52-1336903

Page 2

FOUNDATION, INC.

Schedule | (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Q. Ø 2: AS WITH ALL OF OUR TWO-YEAR RESEARCH GRANTS, SECOND PROGRESS REPORTS ARE REQUIRED TO BE SUBMITTED AFTER THE FIRST YEAR AND IN MEETING THE OBJECTIVES YEAR FUNDING IS CONTINGENT UPON SUBMISSION OF THE FIRST YEAR PROGRESS THESE REPORTS ARE REVIEWED AND APPROVED BY OUR MEDICAL ADVISORY BOARD. IS REQUIRED AT THE CONCLUSION OF THE SECOND YEAR. (d) Amount of non-cash assistance (c) Amount of cash grant REPORT AND INDICATION OF FIRST YEAR PROGRESS (b) Number of recipients (a) Type of grant or assistance LINE ĭ PART FINAL REPORT ı, STUDY SCHEDULE THE Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

APLASTIC ANEMIA & MDS INTERNATIONAL
FOUNDATION, INC.

Employer identification number 52-1336903

100	art i Questions Regarding Compensation		_	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following	to or for a person listed in Form 990,		Į.
	Part VII, Section A, line 1a Complete Part III to provide any relevant informatio	n regarding these items.		
	First-class or charter travel Housing	allowance or residence for personal use		
	Travel for companions Payment	s for business use of personal residence		1
	Tax indemnification and gross-up payments Health or	social club dues or initiation fees		
	Discretionary spending account Personal	services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written	policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," co		1	
2	Did the organization require substantiation prior to reimbursing or allowing exp			
	trustees, and the CEO/Executive Director, regarding the items checked in line	-		
	tradicac, and the ego, blooding bloods, regularing the terms of the line		1	
3	Indicate which, if any, of the following the organization uses to establish the co	empensation of the organization's		
-	CEO/Executive Director Check all that apply			
	<u> </u>	mployment contract		
		sation survey or study		
		by the board or compensation committee		
	Tom 550 of other organizations	by the sound of componential sommittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a,	with respect to the filing		
•	organization or a related organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
а		4a	1	X
b		<u> </u>	†	X
	Participate in, or receive payment from, an equity-based compensation arrange			X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amoun			
				ŧ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensation		
	contingent on the revenues of:			
а	The organization?		_	X
b	Any related organization?	5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III			•
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization	n pay or accrue any compensation		
	contingent on the net earnings of:			
	The organization?	<u>6a</u>		X
b	Any related organization? '	6b	ļ	X
	If "Yes" to line 6a or 6b, describe in Part III	<u> </u>		-
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization	provide any non-fixed payments		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to	a contract that was subject to the		
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes,"	describe in Part III		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption p	rocedure described in		1
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2009

52-1336903

Schedule J (Form 990) 2009 FOUNDATION, INC. 52–1336903

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

								į
		(B) Breakdown of V	(B) Breakdown of W·2 and/or 1099·MISC compensation	SC compensation	(C)	(D)	(E)	(F)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	(i) Base	(ii) Bonus &	(iii) Other	other deferred	benefits	(B)(i)-(D)	reported in prior
(A) Name		compensation	incentive	reportable compensation	compensation			Form 990 or Form 990-EZ
	Ξ	145,000.	0	0	8,700.	13,206.	166,906.	0
JOHN M. HUBER	(ii)	0.	0.	• 0	0	0	• 0	0
	Ξ							
	<u>(ii)</u>							
	ε							
	(3)							
	(0)							
	(ii)							
	(1)							
	(E)							
	(i)							
	(ii)							
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	Θ							
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	(i)							
	(1)							
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Schedule J (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ANSWERS, SUPPORT AND HOPE.

APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

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

Employer identification number 52-1336903

TO SUPPORT PATIENTS, FAMILIES AND CAREGIVERS COPING WITH APLASTIC

ANEMIA, MDS, PNH AND RELATED BONE MARROW FAILURE DISEASES BY PRVIDING

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT AND THEN BY THE AUDIT

COMMITTEE. A FINAL COPY WAS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BEFORE ANY CONTRACTS ARE AWARDED FOR THE PURCHASE OF GOODS OR SERVICES, MANAGEMENT AND STAFF REVIEW THEM FOR ANY POTENTIAL, PERCEIVED AND/OR REAL CONFLICTS OF INTEREST WITH RESPECT TO BOARD MEMBERS, KEY VOLUNTEERS OR STAFF. IN THE EVENT OF CONFLICT OF INTEREST, THE MATTER WOULD BE REFERRED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR DISCUSSION AND RESOLUTION. NO SUCH CONFLICTS OCCURRED IN 2009.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S PERFORMANCE &

COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE USING COMPENSATION

STUDIES PUBLISHED BY ASAE, BOARD SOURCE & OTHERS FOR COMPARITIVE DATA. HIS

SALARY IS APPROVED BY THE EXECUTIVE COMMITTEE WHO THEN INFORMS THE BOARD.

THIS ENTIRE PROCESS IS DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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Schedule O (Form 990) 2009

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92-03-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public

Form 990 or to provide any additional information.

Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service APLASTIC ANEMIA & MDS INTERNATIONAL Employer identification number Name of the organization FOUNDATION, INC. 52-1336903 AVAILABLE TO THE PUBLIC IN PRINT AND/OR ELECTRONIC FORM, UPON REQUEST, NO COST.

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

Schedule O (Form 990) 2009