

**Application for Recognition of Exemption  
 Under Section 501(c)(3) of the Internal Revenue Code**

Read the instructions for each Part carefully.  
**A User Fee must be attached to this application.**

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

**Part I Identification of Applicant**

|   |  |  |  |
|---|--|--|--|
| <b>1a Full name of organization (as shown in organizing document)</b><br>The Marrow Foundation  |  |  | <b>2 Employer identification number (If none, see instructions.)</b><br>41 1704734 |
| <b>1b c/o Name (if applicable)</b><br>Dale Johnson, Treasurer   | <b>3 Name and telephone number of person to be contacted if additional information is needed</b><br><br>Mark F. Palma<br>(612.) 333-4800 |  |  |
| <b>1c Address (number, street, and room or suite no.)</b><br>3433 Broadway Street N.E., Suite 400   |  |  |  |
| <b>1d City or town, state, and ZIP code</b><br>Minneapolis, Minnesota 55416   |  |  |  |
| <b>5 Date incorporated or formed</b><br>September 13, 1991  | <b>6 Activity codes (See instructions.)</b><br>602    603    927   | <b>4 Month the annual accounting period ends</b><br>December |  |
| <b>7 Check here if applying under section:</b><br>a <input type="checkbox"/> 501(e)    b <input type="checkbox"/> 501(f)    c <input type="checkbox"/> 501(k)   |  |  |  |
| <b>8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," attach an explanation.                       |  |  |  |
| <b>9 Has the organization filed Federal income tax returns or exempt organization information returns?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. |  |  |  |

**RECEIVED  
WITH REMITTANCE**

DEC 5 - 1991

E.O. Determination Unit

- 10 Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.**
- a  **Corporation**— Attach a copy of your Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate State official; also include a copy of your bylaws.
  - b  **Trust**— Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.
  - c  **Association**— Attach a copy of your Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of your bylaws.

If you are a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here **Dale H. Johnson** Treasurer **12-4-91**  
(Signature) (Title or authority of signer) (Date)

For Paperwork Reduction Act Notice, see page 1 of the Instructions.

Complete the Procedural Checklist (page 7 of the Instructions) prior to filing.

**Part II** Activities and Operational Information

1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

Attachment 1

2 What are or will be the organization's sources of financial support? List in order of size.

Gifts, grants and contributions.

3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

Attachment 2

**Part III** Activities and Operational Information (Continued)

**4** Give the following information about the organization's governing body:

|   |                                     |
|---|-------------------------------------|
| <p><b>a</b> Names, addresses, and titles of officers, directors, trustees, etc.</p> <p style="text-align: center;">Attachment 3</p> | <p><b>b</b> Annual Compensation</p> |
|---|-------------------------------------|

**c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
 If "Yes," name those persons and explain the basis of their selection or appointment.

**d** Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See the specific instructions for line 4d.)  Yes  No  
 If "Yes," explain.

**5** Does the organization control or is it controlled by any other organization?  Yes  No  
 Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No  
 If either of these questions is answered "Yes," explain.

Attachment 4

**6** Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?  Yes  No  
 If "Yes," explain fully and identify the other organizations involved.

**7** Is the organization financially accountable to any other organization?  Yes  No  
 If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

National Marrow Donor Program. Submission of monthly financial reports, review of income and expenditures.

**Part II** Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."  
N/A

9a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?  Yes  No  
b Is the organization a party to any leases?  Yes  No  
If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.  
Attachment 5

10 Is the organization a membership organization?  Yes  No  
If "Yes," complete the following:  
a Describe the organization's membership requirements, and attach a schedule of membership fees and dues.  
The members of the Board of Directors are the organization's only members. Although the Board of Directors has authority to establish by resolution classes of members, voting rights, fees and dues, no such resolution has been passed.  
b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

N/A

c What benefits do (or will) your members receive in exchange for their payment of dues?

N/A

11a If the organization provides benefits, services or products, are the recipients required, or will they be required, to pay for them?  N/A  Yes  No  
If "Yes," explain how the charges are determined, and attach a copy of your current fee schedule.

b Does or will the organization limit its benefits, services or products to specific individuals or classes of individuals?  N/A  Yes  No  
If "Yes," explain how the recipients or beneficiaries are or will be selected.

12 Does or will the organization attempt to influence legislation?  Yes  No  
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds which it devotes or plans to devote to this activity.

13 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?  Yes  No  
If "Yes," explain fully.

**Part III** Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed?  Yes  No  
If you answer "Yes," do not answer questions 2 through 6.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

(a) Is a church, interchurch organization, local unit of a church, a convention or association of churches, or an integrated auxiliary of a church;

(b) Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or,

(c) Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If you do not meet any of the exceptions in question 2, do you wish to request relief from the 15-month filing requirement?  Yes  No

4 If you answer "Yes" to question 3, please give your reasons for not filing this application within 15 months from the end of the month in which your organization was created or formed. (See the instructions before completing this item.)

5 If you answer "No" to both questions 1 and 3 and do not meet any of the exceptions in question 2, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed?  Yes  No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date you were formed and ending with the date your Form 1023 application was received (the effective date of your section 501(c)(3) status), check here  and attach a completed page 1 of Form 1024 to this application.

**Part III** Technical Requirements (Continued)

7 Is the organization a private foundation?

- Yes (Answer question 8.)  
 No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, do you claim to be a private operating foundation?

- Yes (Complete Schedule E)  
 No

N/A  
 After answering this question, go to Part IV.

9 If you answer "No" to question 7, indicate the public charity classification you are requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |  |  |
|--|--|
| (a) <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A).   | Sections 509(a)(1) and 170(b)(1)(A)(i)                       |
| (b) <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B).   | Sections 509(a)(1) and 170(b)(1)(A)(ii)                      |
| (c) <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C).  | Sections 509(a)(1) and 170(b)(1)(A)(iii)                     |
| (d) <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1) and 170(b)(1)(A)(v)                       |
| (e) <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in (a) through (d), (g), (h), or (i) (MUST COMPLETE SCHEDULE D).   | Section 509(a)(3)  |
| (f) <input type="checkbox"/> As being organized and operated exclusively for testing for public safety.  | Section 509(a)(4)  |
| (g) <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit.  | Sections 509(a)(1) and 170(b)(1)(A)(iv)                      |
| (h) <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.   | Sections 509(a)(1) and 170(b)(1)(A)(vi)                      |
| (i) <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)  |
| (j) <input type="checkbox"/> We are a publicly supported organization but are not sure whether we meet the public support test of block (h) or block (i). We would like the Internal Revenue Service to decide the proper classification.  | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes (a) through (f) in question 9, go to question 14.  
 If you checked box (g) in question 9, go to questions 11 and 12.  
 If you checked box (h), (i), or (j), go to question 10.

**Part III** Technical Requirements (Continued)

- 10 If you checked box (h), (i), or (j) in question 9, have you completed a tax year of at least 8 months?  
 Yes—Indicate whether you are requesting:  
 A definitive ruling (Answer questions 11 through 14.)  
 An advance ruling (Answer questions 11 and 14 and attach 2 Forms 872-C completed and signed.)  
 No—You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.
- 11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

- 12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:  
 a Enter 2% of line 8, column (e) of Part IV-A \_\_\_\_\_  
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported organization) whose total gifts, grants, contributions, etc., were more than the amount you entered on line 12a above.
- 13 If you are requesting a definitive ruling under section 509(a)(2), check here  and:  
 a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person."  
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

|  | Yes | No | If "Yes,"<br>complete<br>Schedule: |
|--|-----|----|------------------------------------|
| Is the organization a church? . . . . .  |     | x  | A                                  |
| Is the organization, or any part of it, a school? . . . . .  |     | x  | B                                  |
| Is the organization, or any part of it, a hospital or medical research organization? . . . . .                 |     | x  | C                                  |
| Is the organization a section 509(a)(3) supporting organization? . . . . .                                     |     | x  | D                                  |
| Is the organization an operating foundation? . . . . .   |     | x  | E                                  |
| Is the organization, or any part of it, a home for the aged or handicapped? . . . . .                          |     | x  | F                                  |
| Is the organization, or any part of it, a child care organization? . . . . .                                   |     | x  | G                                  |
| Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . . .             |     | x  | H                                  |
| Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . . . . |     | x  | I                                  |

**Part IV** Financial Data

See Attachment 6

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A.—Statement of Revenue and Expenses**

|          |    | Current tax year  | 3 prior tax years or proposed budget for 2 years |              |              | (e) TOTAL |
|----------|----|---|--|--------------|--------------|-----------|
|          |    | (a) From.....<br>to .....   | (b) 19 .....                                     | (c) 19 ..... | (d) 19 ..... |           |
| Revenue  | 1  | Gifts, grants, and contributions received (not including unusual grants—see instructions)   |  |              |              |           |
|          | 2  | Membership fees received  |  |              |              |           |
|          | 3  | Gross investment income (see instructions for definition)   |  |              |              |           |
|          | 4  | Net income from organization's unrelated business activities not included on line 3   |  |              |              |           |
|          | 5  | Tax revenues levied for and either paid to or spent on behalf of the organization   |  |              |              |           |
|          | 6  | Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) |  |              |              |           |
|          | 7  | Other income (not including gain or loss from sale of capital assets) (attach schedule)   |  |              |              |           |
|          | 8  | Total (add lines 1 through 7)   |  |              |              |           |
|          | 9  | Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513                     |  |              |              |           |
|          | 10 | Total (add lines 8 and 9)   |  |              |              |           |
|          | 11 | Gain or loss from sale of capital assets (attach schedule)  |  |              |              |           |
|          | 12 | Unusual grants  |  |              |              |           |
|          | 13 | Total revenue (add lines 10 through 12)   |  |              |              |           |
| Expenses | 14 | Fundraising expenses  |  |              |              |           |
|          | 15 | Contributions, gifts, grants, and similar amounts paid (attach schedule)  |  |              |              |           |
|          | 16 | Disbursements to or for benefit of members (attach schedule)  |  |              |              |           |
|          | 17 | Compensation of officers, directors, and trustees (attach schedule)   |  |              |              |           |
|          | 18 | Other salaries and wages  |  |              |              |           |
|          | 19 | Interest  |  |              |              |           |
|          | 20 | Occupancy (rent, utilities, etc.)   |  |              |              |           |
|          | 21 | Depreciation and depletion  |  |              |              |           |
|          | 22 | Other (attach schedule)   |  |              |              |           |
|          | 23 | Total expenses (add lines 14 through 22)  |  |              |              |           |
|          | 24 | Excess of revenue over expenses (line 13 minus line 23)   |  |              |              |           |



The Marrow Foundation

Form 1023 (Rev. 9-90)

Page 9

**Part IV**

**Financial Data (Continued)**

See Attached Attachment

**B.—Balance Sheet (at the end of the period shown)**

|  |  | Current tax year         |
|--|--|--------------------------|
|  |  | Date .....               |
| <b>Assets</b>  |  |                          |
| 1  | Cash .....   | 1                        |
| 2  | Accounts receivable, net .....   | 2                        |
| 3  | Inventories .....  | 3                        |
| 4  | Bonds and notes receivable (attach schedule) .....                                       | 4                        |
| 5  | Corporate stocks (attach schedule) .....   | 5                        |
| 6  | Mortgage loans (attach schedule) .....   | 6                        |
| 7  | Other investments (attach schedule) .....  | 7                        |
| 8  | Depreciable and depletable assets (attach schedule) .....                                | 8                        |
| 9  | Land .....   | 9                        |
| 10   | Other assets (attach schedule) .....   | 10                       |
| 11   | <b>Total assets (add lines 1 through 10)</b> .....                                       | 11                       |
| <b>Liabilities</b>   |  |                          |
| 12   | Accounts payable .....   | 12                       |
| 13   | Contributions, gifts, grants, etc., payable .....  | 13                       |
| 14   | Mortgages and notes payable (attach schedule) .....                                      | 14                       |
| 15   | Other liabilities (attach schedule) .....  | 15                       |
| 16   | <b>Total liabilities (add lines 12 through 15)</b> .....                                 | 16                       |
| <b>Fund Balances or Net Assets</b>   |  |                          |
| 17   | Total fund balances or net assets .....  | 17                       |
| 18   | <b>Total liabilities and fund balances or net assets (add line 16 and line 17)</b> ..... | 18                       |
| If there has been any substantial change in any aspect of your financial activities since the end of the period shown above, check the box and attach a detailed explanation ..... |  | <input type="checkbox"/> |

11/19/90

PART IV--FINANCIAL DATA  
A. STATEMENT OF REVENUE & EXPENSE

THE MARROW FOUNDATION

|                               | ESTIMATED             |                   |                   |
|-------------------------------|-----------------------|-------------------|-------------------|
|                               | 9/13-12/31/91<br>1991 | PROJECTED<br>1992 | PROJECTED<br>1993 |
| 1 GIFTS, GRANTS & ETC.        | \$180,000             | \$2,000,000       | \$4,000,000       |
| 1A LESS EVENT FUNDRAISING EXP | (\$146,000)           | (\$500,000)       | (\$1,000,000)     |
| 1B NET GIFTS, GRANTS & ETC    | \$34,000              | \$1,500,000       | \$3,000,000       |
| 8 TOTAL                       | \$34,000              | \$1,500,000       | \$3,000,000       |
| 10 TOTAL                      | \$34,000              | \$1,500,000       | \$3,000,000       |
| 13 TOTAL NET REVENUE          | \$34,000              | \$1,500,000       | \$3,000,000       |
| 14 CONTRIBUTIONS              | \$34,000              | \$1,500,000       | \$3,000,000       |
| 17 COMPENSATION OF OFFICERS   | \$0                   | \$1,050,000       | \$2,400,000       |
| 18 OTHER SALARY & WAGES       | \$33,000              | \$142,000         | \$152,000         |
| 19 INTEREST                   | \$15,000              | \$100,000         | \$135,000         |
| 20 OCCUPANCY COSTS            | \$3,000               | \$10,000          | \$0               |
| 21 DEPRECIATION               | \$5,000               | \$50,000          | \$75,000          |
| 22 OTHER                      | \$1,000               | \$5,000           | \$7,500           |
| 23 TOTAL EXPENSE              | \$57,000              | \$106,000         | \$159,000         |
| 24 REVENUE OVER EXPENSE       | \$114,000             | \$1,463,000       | \$2,928,500       |
|                               | (\$80,000)            | \$37,000          | \$71,500          |

PART IV--FINANCIAL DATA

THE MARROW FOUNDATION

| ESTIMATED     | PROJECTED | PROJECTED | PROJECTED |
|---------------|-----------|-----------|-----------|
| 9/13-12/31/91 | 1991      | 1992      | 1993      |
| -----         | -----     | -----     | -----     |

Schedule 15-Contributions, grants, loans paid, etc.

|                               |     |             |             |
|-------------------------------|-----|-------------|-------------|
| Repayments of loan(s) to NMDF | \$0 | \$400,000   | \$0         |
| Grants to N.M.D.P.            | \$0 | \$650,000   | \$2,000,000 |
| Other Grants                  | \$0 | \$0         | \$400,000   |
| Total                         | \$0 | \$1,050,000 | \$2,400,000 |

Schedule 17-Compensation of Officers

|  |          |           |           |
|--|----------|-----------|-----------|
| Robert E. Davidson, President/CEO<br>Full time beginning 10/1/91 | \$33,000 | \$142,000 | \$152,000 |
|--|----------|-----------|-----------|

Schedule 22-Other Expenses

|                          |          |           |           |
|--------------------------|----------|-----------|-----------|
| Non-Fundraising travel   | \$5,000  | \$20,000  | \$40,000  |
| Employee Benefits @ 28 % | \$7,000  | \$60,000  | \$81,000  |
| Miscellaneous            | \$45,000 | \$26,000  | \$38,000  |
| Total                    | \$57,000 | \$106,000 | \$159,000 |

The Marrow Foundation  
Form 1023  
Attachment No. 1

**PART II: ACTIVITIES AND OPERATIONAL INFORMATION**

1. The Activities of The Marrow Foundation.

The Marrow Foundation ("TMF") was established to engage in, advance, promote, and administer activities and projects to contribute to and support other corporations, associations, and institutions that are organized and operated exclusively for charitable, educational, religious, scientific and literary purposes as described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code. Such support includes developing sources of support for the maintenance and operation of the National Marrow Donor Program ("NMDP") and providing ancillary activities related to the activities of NMDP. NMDP is a 501(c)(3) charitable organization charged with the mission to maintain and manage the National Registry for unrelated marrow donors and make unrelated marrow transplants available as a life-saving therapy.

TMF was established to raise funds in support of NMDP's mission and provide additional ancillary support activities that are beyond the scope of NMDP's primary responsibilities. TMF intends to raise funds to support NMDP in implementing its primary responsibilities, which include the following:

1. Maintaining and operating the National Registry as mandated in "The Transplantation Amendments Act of 1990" (Pub. L. 101-616);
2. Establishing and implementing policies and procedures for establishing relevant standards, dealing with

affiliated donor and transplant centers, the collection of marrow, the transportation of marrow, and the care of donors after collection;

3. Performing research relating to the scientific areas of tissue typing and transplantation and study the physical and psychological effects of marrow donation upon donors;
4. Maintaining relationships with independent marrow registries and registries in other countries;
5. Establishing and operating an Office of Patient Advocacy; and
6. Operating an Office of Public Education and Awareness.

In addition to providing support to NMDP in implementing the above activities, TMF will also provide the following ancillary activities and services to assist NMDP:

1. Raise funds for transplant patients who would otherwise be unable to afford the procedure;
2. Work internationally to support NMDP designated research in the area of marrow transplantations;
3. Work internationally to support the formation and/or operation of NMDP affiliated donor and transplant centers and registries around the world; and
4. Assist other countries in creating and implementing donor recruitment programs.

At present, the above activities have not been initiated. The activities will be initiated, however, by TMF staff, which consists of Robert E. Davidson, President/CEO of TMF, and Lenore Seliter, Assistant Development Director/Office Manager of TMF. Additionally, independent consultants will be utilized when necessary to assist the staff in analyzing and implementing various activities.

The Marrow Foundation  
Form 1023  
Attachment No. 2

**PART II: ACTIVITIES AND OPERATIONAL INFORMATION**

**3. Fundraising.**

Initial fundraising activities will consist of soliciting contributions from existing foundations, both independent and corporate, large corporations that have a particular interest in blood diseases or transplantation technology, and other individuals in the general public.

TMF's initial activities will be funded through a loan program with NMDP. TMF's initial budget allocation for fiscal year 1992 is \$310,000. All funds advanced by NMDP are treated as an interest bearing demand loan. The loan will bear interest at the prime rate.

The Marrow Foundation  
Form 1023, Application for Exempt Status  
Attachment No.3

PART II: ACTIVITIES AND OPERATIONAL INFORMATION

4. (a)(b)

Name, Title & Address

Annual Compensation

Adm. E.R. Zumwalt, Jr. (Ret.)  
Chairman  
1500 Wilson Boulevard  
Arlington, VA 22209

None

Charles Allen Parlier, II  
Director, Secretary  
Beech Aircraft  
9709 East Central  
Wichita, KS 67206

None

Dr. Robert Graves, D.V.M.  
Director, vice Chairman  
913 Edward Street  
Fort Collins, CO 80524

None

Dale Johnson  
Treasurer  
3433 Broadway Street N.E.  
Suite 400  
Minneapolis, MN 55416

None

Robert C. Davidson.  
President  
1500 Wilson Boulevard  
Arlington, VA 22209

\$120,000

The Marrow Foundation  
Form 1023  
Attachment No. 4

**PART II: ACTIVITIES AND OPERATIONAL INFORMATION**

**5. Relationship to Other Organizations.**

TMF is an outgrowth of the NMDP. TMF intends to provide financial assistance and ancillary services to NMDP and other organizations engaging in similar charitable activities.

It is not certain at this time whether there will be interlocking directorates, or other commonalties between the two organizations, however, TMF is organized as a free-standing organization from NMDP.



NATIONAL MARROW DONOR PROGRAM  
DONOR CENTERS  
EAST REGION

CONNECTICUT

American Red Cross  
Connecticut Region  
209 Farmington Avenue  
Farmington, CT 06032  
Debra Yanke  
(203) 678-2865

Satellite:  
Public Health Department  
Stamford, CT

MARYLAND

Johns Hopkins Oncology Center  
550 N. Broadway 8th Floor  
Baltimore, MD 21205  
Lois Hoffer  
(301) 955-6347

American Red Cross  
Greater Chesapeake Region  
4700 Mount Hope Drive  
Baltimore, MD 21215-3200  
Jenny Zink, Debby Eberling  
(301) 764-4621

NIH Clinical Center Blood Bank  
Control Data Building  
Room 314  
6003 Executive Boulevard  
Bethesda, MD 20852  
Joy E. Demas, Gail Carter  
(301) 496-0573

Bill Young Marrow Donor Program  
Department of Defense  
Marrow Donor Center  
4720 Montgomery Lane  
Bethesda, MD 20814  
Fern Ingber  
1-800-MARROW-3

MASSACHUSETTS

Dana Farber Cancer Institute  
Blood Component Lab  
44 Binney Street, Room 289  
Boston, MA 02115  
Beth Charney  
(617) 732-3206

MASSACHUSETTS CONT.

HLA Registry Foundation, Inc.  
of New England  
52 "O" Street  
Boston, MA 02127  
Debra Liney  
(617) 268-9277

American Red Cross  
Northeast Region  
180 Rustcraft Road  
Dedham, MA 02026  
Deb Katcher-Buckley  
(617) 461-2075

Satellites:  
Portland, ME  
Springfield, MA  
Worcester, MA

NEW JERSEY

North Jersey Blood Center  
45 South Grove Street  
East Orange, NJ 07018  
Karen Sueper  
(201) 676-4700

HLA Registry Foundation, Inc.  
70 Grand Avenue  
River Edge, NJ 07661  
Elie Katz, Ph.D., Teddy Georgio  
(201) 265-2623

NEW YORK

American Red Cross  
Greater Upstate NY Region -  
Albany Site  
Hackett Blvd. at Clara Barton Drive  
Albany, NY 12208  
Dawn Montavon  
(518) 462-7461

American Red Cross - Buffalo Region  
786 Delaware Avenue  
Buffalo, NY 14209  
Sandra Dascomb  
(716) 886-7500 Ext. 353

NEW YORK CONT.

New York Blood Center  
310 East 67th Street  
New York, NY 10021  
Janet DiNapoli, Diana Karamichael  
(212) 570-3197, 570-3083  
or 1-800-NY-BLOOD Ext. 2

Satellites:  
Valhalla, NY  
Melville, Long Island, NY

American Red Cross  
Rochester Region  
50 Prince Street  
Rochester, NY 14607  
Carolyn Laque  
(716) 461-9800

Satellite:  
Binghamton, NY

American Red Cross  
The Greater Upstate NY Region  
Syracuse Location  
636 South Warren Street  
Syracuse, NY 13202  
Ellyn Lentz, Karen Bowman  
(315) 425-4816

Satellites:  
Ithaca, NY  
Utica, NY  
Watertown, NY

NORTH CAROLINA

American Red Cross  
Carolinas Region  
2425 Park Road  
P.O. Box 36507  
Charlotte, NC 28236  
Kay Piercy  
(704) 527-0313  
1-800-228-1496 (In State)

Satellites:  
Winston-Salem, NC  
Raleigh, NC  
Durham, NC  
Asheville, NC  
Johnson City, TN

OHIO

University of Cincinnati  
Hoxworth Blood Center  
3231 Burnet Avenue  
Cincinnati, OH 45267  
Linda Pritchett  
(513) 569-1140

American Red Cross  
Northern Ohio Region  
3747 Euclid Avenue  
Cleveland, OH 44115-2501  
Suzanne Mayher  
(216) 431-3064

American Red Cross  
Central Ohio Region  
995 East Broad Street  
Columbus, OH 43205  
Ann May  
(614) 253-7981

Satellites:  
Mansfield, OH  
Newark, OH

Community Blood Center and  
Dayton Regional Tissue Bank  
349 South Main Street  
Dayton, OH 45402  
Sharon Kuntz  
(513) 461-3450, Ext. 257

American Red Cross  
Northwest Ohio Region  
2275 Collingwood Boulevard  
Toledo, OH 43620  
Carol Zuber, Kathleen Feicht  
(419) 248-3331 ext. 255 & 314

PENNSYLVANIA

American Red Cross  
Johnstown Region  
307 Vine Street  
P.O. Box 1000  
Johnstown, PA 15907  
Barbara Pingatore  
(814) 533-2735

Satellites:  
Morgantown, WV  
Winchester, VA