

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07-01-2024, and ending 06-30-2025

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BLOOD CANCER UNITED INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 1201 15TH STREET NW SUITE 410. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 13-5644916. E Telephone number: (914) 949-5213. G Gross receipts \$ 606,472,218

F Name and address of principal officer: E ANDERS KOLB MD, 1201 15TH STREET NW SUITE 410, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: BLOODCANCERUNITED.ORG

K Form of organization: Corporation

L Year of formation: 1949. M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE, MYELOMA; IMPROVE QUALITY OF LIFE OF PATIENTS AND FAMILIES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body: 23. 4 Number of independent voting members of the governing body: 19. 5 Total number of individuals employed in calendar year 2024: 1,390. 6 Total number of volunteers (estimate if necessary): 300,000. 7a Total unrelated business revenue from Part VIII, column (C), line 12: 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11: 0.

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: GORDON MILLER JR CHIEF FINANCIAL OFFICER. Date: 2026-02-26.

Paid Preparer Use Only: Print/Type preparer's name: KPMG LLP. Preparer's signature. Date. Check if self-employed. PTIN: P01249521. Firm's EIN: 13-5565207. Firm's address: 345 PARK AVENUE, NEW YORK, NY 101540102. Phone no. (212) 758-9700.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 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 O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 127,080,673 including grants of \$ 51,235,960) (Revenue \$ 16,079,272)

A) RESEARCH PROGRAMS:AT BLOOD CANCER UNITED, WE ARE PUSHING BOUNDARIES TOWARD POWERFUL NEW THERAPIES. WE PROPEL GROUNDBREAKING CANCER TREATMENTS THROUGH ALL PHASES OF THE RESEARCH AND DRUG DEVELOPMENT PROCESS AND ARE PROUD THAT OUR SUPPORT HAS BEEN KEY TO ADVANCING 80% OF THE 153 BLOOD CANCER TREATMENT APPROVALS SINCE 2017.AS WE CONTINUED TO SUPPORT THE SEARCH FOR LIFESAVING AND LESS TOXIC TREATMENTS IN 2025, WE INVESTED IN EXCITING RESEARCH FRONTIERS, INCLUDING PRECISION MEDICINE, IMMUNOTHERAPY, AND LINKS BETWEEN MUTATIONS AND BLOOD CANCER-ADVANCEMENTS THAT ARE CHANGING THE PARADIGM OF CANCER TREATMENT. IN THE PROCESS, WE PROPELLED SEVERAL NOVEL SCIENCE INITIATIVES TO NEW HEIGHTS-MANY OF WHICH HARDLY SEEMED POSSIBLE JUST A SHORT TIME AGO.WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, BLOOD CANCER UNITED FUNDED EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVE OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES. BLOOD CANCER UNITED IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE. IN ADDITION, WHILE BLOOD CANCER UNITED DEDICATES SUBSTANTIAL FUNDING TO ADVANCING NOVEL TREATMENTS FOR BLOOD CANCER, WE RECOGNIZE THAT IT IS EQUALLY IMPORTANT THAT WE COMMIT TO IMPROVING PATIENT ACCESS TO THESE ESSENTIAL THERAPIES. TO THIS END, BLOOD CANCER UNITED ALSO SUPPORTS HEALTH SERVICES RESEARCH WORKING TO IDENTIFY BARRIERS THAT PREVENT CERTAIN PATIENTS FROM BEING ABLE TO ACCESS THE TREATMENT AND CARE THAT THEY NEED AND FINDING ACTIONABLE SOLUTIONS THAT BLOOD CANCER UNITED CAN IMPLEMENT TO OVERCOME THESE BARRIERS AND ADVANCE ITS MISSION. TO DATE, BLOOD CANCER UNITED HAS INVESTED OVER \$2 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES. OUR SUSTAINED RESEARCH INVESTMENT OVER MULTIPLE DECADES HAS PAID OFF HANDSOMELY. THIS IS BEST DEMONSTRATED BY OUR SEMINAL INVESTMENT IN CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR T) THERAPY STARTING IN 1990 THAT, SINCE 2017, HAS TRANSLATED INTO 18 FDA-APPROVALS FOR PEDIATRIC AND ADULT B-CELL ACUTE LEUKEMIA, FOR SEVERAL TYPES OF NON-HODGKIN LYMPHOMA, AND MULTIPLE MYELOMA. CAR T-CELL THERAPY HAS IN SOME CASES PRODUCED CURES IN PATIENTS WHO HAVE FAILED ALL OTHER THERAPEUTIC OPTIONS.IN FISCAL YEAR 2025, BLOOD CANCER UNITED SUPPORTED RESEARCH IN THE U.S., CANADA AND SEVERAL OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY \$81.3 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS.EQUITY IN ACCESS RESEARCH PROGRAM IN FISCAL YEAR 2022, BLOOD CANCER UNITED LAUNCHED THE EQUITY IN ACCESS RESEARCH PROGRAM, WHICH AIMS TO FUND HEALTH SERVICES RESEARCH THAT WILL GENERATE ACTIONABLE EVIDENCE TO ASSIST BLOOD CANCER UNITED IN ADVOCATING FOR CHANGES IN HEALTHCARE POLICY, DEVELOPING PATIENT-FACING PROGRAMS, AND FOSTERING PRACTICE CHANGE TO EXTEND AND IMPROVE THE LIVES OF ALL BLOOD CANCER PATIENTS. EQUITY IN ACCESS HAS AWARDED NEARLY \$18 MILLION TO RESEARCHERS ADDRESSING CRITICAL ISSUES SUCH AS THE COST OF ORAL ANTICANCER MEDICATIONS, THE ROLE OF HEALTH INSURANCE IN FINANCIAL HARDSHIP, AND ACCESS FOR EVERY PATIENT TO CLINICAL TRIALS. BLOOD CANCER UNITED RECOGNIZES THE CRITICAL NEED FOR HIGH-QUALITY EVIDENCE ON INTERVENTIONS TO INCREASE PARTICIPATION IN THERAPEUTIC CANCER CLINICAL TRIALS, WHICH ARE CONSIDERED HIGH-QUALITY CANCER CARE, PARTICULARLY AMONG UNDERREPRESENTED GROUPS (E.G., PEOPLE WHO HAVE LOW INCOMES, PEOPLE WHO LIVE IN RURAL AREAS, ETHNICALLY AND RACIALLY MINORITIZED GROUPS). IN FISCAL YEAR 2025 ALONE, EQUITY IN ACCESS AWARDED NEARLY \$5 MILLION TO RESEARCHERS WHO WILL IMPLEMENT AND EVALUATE NOVEL INTERVENTION APPROACHES DESIGNED TO INCREASE THERAPEUTIC CLINICAL TRIAL ENROLLMENT. THERAPY ACCELERATION PROGRAM (TAP)TAP IS BLOOD CANCER UNITED'S MISSION-DRIVEN, STRATEGIC VENTURE PHILANTHROPY INITIATIVE THAT SEEKS TO ACCELERATE THE DEVELOPMENT OF INNOVATIVE BLOOD CANCER THERAPEUTICS AND CHANGE THE STANDARD OF CARE, WHILE ALSO GENERATING A RETURN ON INVESTMENT TO CONTINUE TO SUPPORT ITS MISSION. TAP COLLABORATES WITH BIOTECH COMPANIES TO SUPPORT THE DEVELOPMENT OF NOVEL PLATFORMS AND FIRST-IN-CLASS ASSETS ADDRESSING UNMET MEDICAL NEEDS, EMERGING PATIENT POPULATIONS AND EVEN RARE BLOOD CANCERS.ESTABLISHED IN 2007, TAP HAS INVESTED MORE THAN \$115 MILLION IN OVER 50 BIOTECH COMPANY PROJECTS. SINCE 2017, FIVE TAP-SUPPORTED THERAPIES HAVE BEEN APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) OR INCLUDED IN THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) GUIDELINES. CURRENTLY, THERE ARE OVER 30 ACTIVE CLINICAL STUDIES WITH TAP-SUPPORTED THERAPIES, INCLUDING SEVERAL REGISTRATION-ENABLING CLINICAL STUDIES IN BLOOD CANCER THAT COULD LEAD TO MORE FDA APPROVALS.IN FISCAL YEAR 2025, TAP MADE INVESTMENTS IN FIVE BIOTECH COMPANIES THAT INCLUDED THREE EXISTING BIOTECH PARTNERS AND TWO NEW UP-AND-COMING BIOTECH COMPANIES, TO HELP THEM NAVIGATE THE DRUG DEVELOPMENT LANDSCAPE AND TO SUPPORT CLINICAL TRIALS FOR BLOOD CANCER PATIENTS. SEVERAL TAP PARTNER COMPANIES ARE BASED IN EUROPE AND NOW, WITH HELP FROM TAP, THESE COMPANIES ARE RUNNING CLINICAL TRIALS IN THE US. TAP CONTINUES TO EXPAND ITS REACH AND IMPACT BY LEVERAGING ITS UNIQUE EXPERTISE TO ATTRACT MORE COMPANIES AND INVESTORS TO BLOOD CANCER DISEASES, AND TO EXPAND THE TAP INVESTMENT CAPACITY TO SUPPORT THE MOST PROMISING ASSETS.CLINICAL TRIALSBEAT AML MASTER TRIALBEGINNING NOVEMBER 2016, BLOOD CANCER UNITED LAUNCHED THE BEAT AML MASTER TRIAL, A COLLABORATIVE CLINICAL TRIAL TESTING SEVERAL NOVEL TARGETED THERAPIES FOR PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML) DESIGNED TO FACILITATE FDA APPROVAL OF NEW DRUGS AND CHANGE THE TREATMENT PARADIGM FOR PATIENTS DIAGNOSED WITH AML BY DEVELOPING MORE INDIVIDUALIZED, EFFECTIVE TREATMENT APPROACHES. THE MASTER TRIAL INVOLVES COLLABORATIONS WITH MULTIPLE MEDICAL INSTITUTIONS, DRUG COMPANIES, A GENOMIC PROVIDER, A CLINICAL RESEARCH ORGANIZATION, AND THE FDA, ALL OF WHOM HAVE COMMITTED TO WORKING COLLABORATIVELY. IN FISCAL YEAR 2025, 135 PATIENTS ENROLLED IN A SUB-STUDY UNDER THE BEAT AML MASTER TRIAL.

4b (Code:) (Expenses \$ 123,558,480 including grants of \$ 72,847,874) (Revenue \$)

B) PATIENT & COMMUNITY SERVICES:AN ESTIMATED 1.7 MILLION PEOPLE ACROSS THE UNITED STATES (US) ARE CURRENTLY LIVING WITH OR ARE IN REMISSION FROM LEUKEMIA, LYMPHOMA, MYELOMA, MYELODYPLASTIC SYNDROMES AND MYELOPROLIFERATIVE NEOPLASMS. BLOOD CANCER UNITED OFFERS AN ARRAY OF FREE, COMPREHENSIVE RESOURCES TO BLOOD CANCER PATIENTS, CAREGIVERS, FAMILIES AND FRIENDS OFPATIENTS, ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC. BLOOD CANCER UNITED IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION. PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH BLOOD CANCER UNITED STAFF TO REVIEW ALL OF THE INFORMATION BLOOD CANCER UNITED PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE BLOOD CANCER UNITED WEBSITE. SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS. ALL RESOURCES ARE PROVIDED THROUGH A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES. A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS.FINANCIAL ASSISTANCE OUR FINANCIAL ASSISTANCE PROGRAMS AIM TO LESSEN THE ECONOMIC TOLL ON PATIENTS AND FAMILIES TO HELP PATIENTS AFFORD LIFE-SAVING TREATMENTS. TO COUNTER CONTINUALLY RISING DRUG PRICES AND ALLEVIATE THE BURDENS FELT BY PATIENTS COPING WITH BLOOD CANCER, BLOOD CANCER UNITED PROVIDED 69,120 GRANTS TOTALING OVER \$162M IN ASSISTANCE AWARDED. THE MAJORITY, \$153M, SUPPORTED PATIENTS' INSURANCE PREMIUMS, TREATMENT-RELATED CO-PAYS, AND CO-INSURANCE OUT OF POCKET COSTS THROUGH OUR CO-PAY ASSISTANCE PROGRAM. IN KEEPING WITH OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION, BLOOD CANCER UNITED RECOGNIZES THAT NEED EXISTS THROUGHOUT ALL GEOGRAPHIC REGIONS AND WITHIN ALL PATIENT POPULATIONS, INCLUDING THOSE TRADITIONALLY UNDERREPRESENTED. CO-PAY ASSISTANCE PROGRAM THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS. PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH BLOOD CANCER UNITED TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT. CO-PAY ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS. IN 2025, BLOOD CANCER UNITED AWARDED 35,302 GRANTS THROUGH ITS CO-PAY ASSISTANCE PROGRAM. SUSAN LANG PRE CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM BLOOD CANCER UNITED AWARDED 270 GRANTS EACH IN THE AMOUNT OF \$2,500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS FOR PATIENTS WHO ARE BEING EVALUATED TO RECEIVE CAR T-CELL THERAPY AS EITHER STANDARD TREATMENT OR A CLINICAL TRIAL. SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM BLOOD CANCER UNITED AWARDED 2,040 GRANTS EACH IN THE AMOUNT OF \$500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS. URGENT NEED PROGRAM IN PARTNERSHIP WITH MOPPIE'S LOVE AND CHARLIE'S FUND, BLOOD CANCER UNITED AWARDED 9,119 GRANTS EACH IN THE AMOUNT OF \$500 FOR NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD. LOCAL FINANCIAL ASSISTANCE PROGRAM BLOOD CANCER UNITED AWARDED 989 GRANTS EACH IN THE AMOUNT OF \$500 TO COVER NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD, ETC.PATIENT AID PROGRAM BLOOD CANCER UNITED AWARDED ONE-TIME STIPENDS OF \$100 TO OVER 20,345 PATIENTS TO HELP OFFSET NON-MEDICAL EXPENSES. PATIENT AID HELENE & MILTON BLOOD CANCER UNITED AWARDED ONE-TIME STIPENDS OF \$100 TO 1055 PATIENTS WHO RESIDED IN DESIGNATED ZIP CODES DECLARED FOR INDIVIDUALASSISTANCE BY FEMA, TO ALLEVIATE FINANCIAL HARDSHIP AS A RESULT OF THE HURRICANES. MEDICAL DEBT CASE MANAGEMENT PROGRAM BLOOD CANCER UNITED'S MEDICAL DEBT CASE MANAGEMENT PROGRAM PROVIDES ONE-ON-ONE, PERSONALIZED SUPPORT TO EMPOWER PATIENTS TO ADDRESS THEIR MEDICAL DEBT IN THE FOLLOWING WAYS: ADDRESS FINANCIAL CONCERNS, INCLUDING MANAGING EXISTING MEDICAL DEBT AND PLANNING FOR UPCOMING MEDICAL EXPENSES; IDENTIFY RESOURCES SUCH AS CHARITY CARE ORGANIZATIONS OR MANUFACTURER PATIENT ASSISTANCE PROGRAMS THAT MAY REDUCE THE FINANCIAL BURDEN; ASSIST

WITH INSURANCE PLAN EVALUATION AND ENROLLMENT, SUCH AS MEDICAID, MEDICARE, MARKETPLACE PLANS, AND EMPLOYER-SPONSORED HEALTH INSURANCE; NAVIGATE INSURANCE BENEFITS, DENIALS OF CARE, AND OUT-OF-POCKET COSTS; AND PROVIDE SUPPORT WITH CHARITY CARE, NEGOTIATIONS, INVOICE REVIEW, ETC. THE MEDICAL DEBT CASE MANAGEMENT PROGRAM HANDLED 1579 CASES, HELPING IN THE RESOLUTION OF \$3.8 MILLION IN MEDICAL DEBT BLOOD CANCER UNITED IS NOT A DEBT FORGIVENESS PROGRAM, DOES NOT PAY OFF MEDICAL DEBT, AND CANNOT ASSIST WITH DEBT THAT IS IN COLLECTIONS. PROGRAM CASE MANAGERS WORK WITH PATIENTS AND OFFER WAYS TO HELP MANAGE CURRENT DEBT AND PREVENT ACCUMULATING MORE. SCHOLARSHIP FOR BLOOD CANCER SURVIVORS IN 2025, THE BLOOD CANCER UNITED SCHOLARSHIP FOR BLOOD CANCER SURVIVORS AWARDED 285 SCHOLARSHIPS EACH UP TO \$7,500 IN TUITION SUPPORT FOR VIRTUAL OR IN-PERSON VOCATIONAL, TWO-YEAR, OR FOUR-YEAR UNDERGRADUATE EDUCATION.

4c (Code:) (Expenses \$ **28,509,773** including grants of \$) (Revenue \$)

C) PUBLIC HEALTH EDUCATION: BLOOD CANCER UNITED BELIEVES KNOWLEDGE IS POWER. AS ALWAYS, BLOOD CANCER UNITED HAS OFFERED THEIR INFORMATIONAL PROGRAMS IN VIRTUAL FORMATS, CONTINUING TO PROVIDE VITALLY NEEDED EDUCATION AND EMOTIONAL SUPPORT FOR THOSE IMPACTED BY BLOOD CANCER. ONE-ON-ONE EDUCATION AND SUPPORT TRAINED ONCOLOGY INFORMATION SPECIALISTS IN OUR INFORMATION RESOURCE CENTER (IRC) PROVIDE PATIENTS AND CAREGIVERS WITH COMPASSIONATE, COMPREHENSIVE, AND TAILORED DISEASE AND TREATMENT INFORMATION, INCLUDING REFERRALS AND LINKS TO APPROPRIATE EDUCATIONAL RESOURCES AND LITERATURE; PSYCHOSOCIAL SUPPORT INFORMATION FOR ANY POINT IN THEIR TREATMENT JOURNEY; REFERRALS TO RELEVANT LOCAL, STATE AND/OR NATIONAL RESOURCES FOR ASSISTANCE; COVID-19 RELATED INFORMATION AND GUIDANCE; AND FINANCIAL RESOURCE INFORMATION TO COVER COSTS OF TREATMENT, TRAVEL, URGENT NEEDS AND MORE. OVER 28,000 INTERACTIONS BETWEEN THE IRC AND PATIENTS AND CAREGIVERS TOOK PLACE LAST YEAR. FACILITATING CLINICAL TRIAL ACCESS THE BLOOD CANCER UNITED CLINICAL TRIAL SUPPORT CENTER (CTSC) CONTINUES TO EXPAND THE POSSIBILITY OF POSITIVE OUTCOMES FOR PATIENTS BY PROVIDING EDUCATION, IDENTIFYING SUITABLE CLINICAL TRIALS, AND ADDRESSING BARRIERS TO ENROLLMENT. OUR CLINICAL TRIAL NURSE NAVIGATORS ASSISTED 1158 PATIENTS AND TWENTY PERCENT OF THESE PATIENTS ENTERED A TRIAL. OUTREACH TO UNDERSERVED GROUPS WE AUGMENTED EFFORTS TO EXPAND ACCESS TO BLOOD CANCER UNITED SERVICES AND RESOURCES BY BOLSTERING RELATIONS WITH COMMUNITY GROUPS AND LEADERS, NOTABLY IN THE BLACK AND LATINO COMMUNITIES, AND INCREASED OUR NUMBER OF BILINGUAL STAFF AND VOLUNTEERS. WE ALSO INCREASED ACCESSIBILITY OF OUR EDUCATION PROGRAMS TO RURAL PATIENTS AND FAMILIES VIA OUR VIRTUAL OFFERINGS. MOREOVER, WE CONTINUED TO EXPAND PARTNERSHIPS WITH AFFINITY GROUPS, INCLUDING NATIONAL MINORITY QUALITY FORUM, NATIONAL ASSOCIATION OF RURAL HEALTH, HAIRY CELL LEUKEMIA FOUNDATION, THE BALM IN GILEAD, LATINO MEDICAL STUDENTS ASSOCIATION, IN ADDITION TO MAINTAINING RELATIONSHIPS WITH THOSE GROUPS WITH WHICH WE WERE PREVIOUSLY CONNECTED. THE BLOOD CANCER UNITED MYELOMA LINK PROGRAM, LAUNCHED IN FISCAL YEAR 2017, CONTINUED TO GAIN TRACTION. WE IMPROVED UNDERSTANDING OF TREATMENT OPTIONS BY PROVIDING IMPORTANT INFORMATION TO AFRICAN AMERICANS, WHO ARE TWICE AS LIKELY TO BE DIAGNOSED WITH MULTIPLE MYELOMA AS CAUCASIAN AMERICANS. IN FISCAL YEAR 2025, BLOOD CANCER UNITED REACHED NEARLY 21,000 PEOPLE THROUGH MYELOMA LINK NATIONAL AND REGIONAL EDUCATION AND OUTREACH ACTIVITIES IN 18 CITIES ACROSS THE U.S. IN 2025, BLOOD CANCER UNITED REACHED OVER 20,000 SPANISH-SPEAKING INDIVIDUALS NATIONWIDE THROUGH HEALTHCARE PROFESSIONAL OUTREACH, LOCAL HEALTH FAIRS, COMMUNITY EVENTS, AND OTHER GRASSROOTS ACTIVITIES. OUR NATIONAL SPANISH-LANGUAGE FACEBOOK LIVE SEGMENTS, COVERING TOPICS SUCH AS NUTRITION, MENTAL HEALTH, AND PATIENTS' RIGHTS, GARNERED OVER 1 MILLION VIEWS. WE STRENGTHENED OUR OUTREACH STRATEGY IN PUERTO RICO THROUGH EXPANDED PATIENT REFERRAL COLLABORATIONS, DEEPER HEALTHCARE PROVIDER ENGAGEMENT, AND TARGETED MEDIA PARTNERSHIPS. HIGHLIGHTS INCLUDED IMPROVING REFERRAL PROCESSES WITH MAJOR HOSPITALS, COORDINATING CO-BRANDED EDUCATION WITH THE AMERICAN CANCER SOCIETY, AND PARTNERING WITH BEHEALTHPR TO BROADEN REACH AMONG SPANISH-SPEAKING AUDIENCES. THESE EFFORTS ARE CRITICAL TO ADDRESSING SYSTEMIC ACCESS BARRIERS AND ENSURING EQUITABLE DELIVERY OF INFORMATION, NAVIGATION, AND SUPPORT SERVICES ACROSS THE ISLAND. EDUCATION AND PATIENT CONNECTIONS. OUR VIRTUAL EDUCATION PROGRAMS PROVIDED BOTH PATIENTS AND FAMILIES, AS WELL AS HEALTH CARE PROFESSIONALS, ACCESS TO CONTENT INCLUDING BLOOD CANCER CONFERENCES, LOCAL EDUCATION PROGRAMS, NATIONAL WEBINARS, VIDEOS, LECTURES, AND PODCASTS. BLOOD CANCER UNITED'S HIGHLY VIEWED WEBSITE CONTINUES TO PROVIDE THE MOST UP TO DATE BLOOD CANCER INFORMATION INCLUDING ACCESS TO BLOGS, BOOKLETS, WORKBOOKS, FACT SHEETS AND MORE. IN ADDITION, 1,754 CANCER PATIENTS WERE PROVIDED WITH PERSONALIZED NUTRITION CONSULTATIONS BY BLOOD CANCER UNITED'S REGISTERED DIETITIANS. OUR PATIENT & COMMUNITY OUTREACH TEAM CONTINUED TO BRING PATIENTS TOGETHER VIA ONLINE LOCAL SUPPORT GROUPS AND CHATS. THE PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM MATCHED 2,065 PATIENTS WITH TRAINED VOLUNTEERS WHO PROVIDE UNDERSTANDING AND SUPPORT. IN ADDITION, MEMBERSHIP IN THE BLOOD CANCER UNITED COMMUNITY - OUR ONLINE SOCIAL NETWORK - WAS 24,239, AN INCREASE OF 6% OVER FISCAL YEAR 2024.

(Code:) (Expenses \$ **16,653,111** including grants of \$) (Revenue \$)

BLOOD CANCER UNITED SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR. VARYING FORMATS ARE OFFERED TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT. UPCOMING AND ARCHIVED CE/CME PROGRAMS ARE AVAILABLE AT [HTTPS://BLOODCANCERUNITED.ORG/RESOURCES/HEALTHCARE-PROFESSIONALS](https://bloodcancerunited.org/resources/healthcare-professionals) IN FY 2025: - BLOOD CANCER UNITED PROVIDED 22 CME/CE-GRANTING LIVE EDUCATIONAL PROGRAMS, WITH 2,266 HEALTHCARE PROFESSIONALS IN ATTENDANCE. IN ADDITION, 48 VIRTUAL LECTURES WERE PRESENTED WITH OVER 66,000 PARTICIPANTS. - OVER 33,000 PATIENTS AND PROFESSIONALS PARTICIPATED IN LIVE EDUCATION PROGRAMS DELIVERED VIRTUALLY AS WELL AS DELIVERED IN PERSON, LOCALLY AND REGIONALLY. -- THERE WERE OVER 214,000 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, VIRTUAL LECTURES AND VIDEOS AND OVER 75,500 PODCAST DOWNLOADS. OVER 856,000 BOOKLETS AND FACT SHEETS WERE EITHER DOWNLOADED OR ORDERED IN HARD COPY.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **16,653,111** including grants of \$) (Revenue \$)

4e **Total program service expenses** **295,802,037**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' checkbox column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a, b, c, etc.) for each. Columns include question text, a grid for 'Yes/No' answers, and a grid for numerical values. Row 2a shows a value of 1,390. Row 13a includes a 'Note' about Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NH, NJ, NM, NE, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI, WV
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GORDON MILLER JR 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005 (914) 821-8935

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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.

- 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, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) ALESSANDRA TOCCO CHAIR	4.00 0.00	X		X				0	0	0
(2) FREDA WANG VICE CHAIR	4.00 0.00	X		X				0	0	0
(3) MARLA PERSKY SECRETARY/TREASURER	4.00 0.00	X		X				0	0	0
(4) JANICE GABRILOVE MD AT LARGE	4.00 0.00	X		X				0	0	0
(5) LEROY BALL BOD MEMBER	4.00 0.00	X						0	0	0
(6) RICHARD BAGGER BOD MEMBER	4.00 0.00	X						0	0	0
(7) MARK BARRENECHEA BOD MEMBER	4.00 0.00	X						0	0	0
(8) RENZO CANETTA BOD MEMBER	4.00 0.00	X						0	0	0
(9) M CASEY CUNNINGHAM BOD MEMBER	4.00 0.00	X						0	0	0
(10) SHARON CASTELLINO BOD MEMBER	4.00 0.00	X						0	0	0
(11) MIKE FARMER BOD MEMBER	4.00 0.00	X						0	0	0
(12) ARI MELNICK BOD MEMBER	4.00 0.00	X						0	0	0
(13) KATHLEEN MERIWETHER BOD MEMBER	4.00 0.00	X						0	0	0
(14) RUBEN MESA BOD MEMBER	4.00 0.00	X						0	0	0
(15) LYNNE O'BRIEN BOD MEMBER	4.00 0.00	X						0	0	0
(16) ALEX OKAFOR BOD MEMBER	4.00 0.00	X						0	0	0
(17) JIM REDDOCH BOD MEMBER	4.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) RICHARD RENDINA BOD MEMBER	4.00 0.00	X					0	0	0
(19) ROBERT ROSEN BOD MEMBER	4.00 0.00	X					0	0	0
(20) RAYNE H ROUCE MD BOD MEMBER	4.00 0.00	X					0	0	0
(21) JEFF SACHS BOD MEMBER	4.00 0.00	X					0	0	0
(22) LILIAN STERN BOD MEMBER	4.00 0.00	X					0	0	0
(23) YVETTE TREMONTI BOD MEMBER	4.00 0.00	X					0	0	0
(24) E ANDERS KOLB PRESIDENT & CEO	40.00 0.00			X			879,998	0	50,519
(25) GWEN NICHOLS EVP, CHIEF MED OFFICER	40.00 0.00			X			736,394	0	45,341
(26) GORDON MILLER EVP, CHIEF FIN OFFICER	40.00 0.00			X			648,480	0	56,317
(27) FLORA COKER POWELL EVP, CHIEF REV OFFICER	40.00 0.00			X			512,813	0	59,334
(28) MEREDITH FOGEL EVP, GEN COUNSEL - START 09/2024	40.00 0.00			X			312,368	0	54,903
(29) SHONETTE HARRISON CAREW EVP, CHIEF ADMIN OFF - START 09/2024	40.00 0.00			X			162,265	0	367
(30) ORLANDO ASHWORTH EVP, CHIEF PEOPLE - START 10/2024	40.00 0.00			X			95,040	0	562
(31) LEE GREENBERGER SVP, CHIEF SCI OFFICER - END 12/2024	40.00 0.00					X	408,560	0	45,162
(32) SUSAN BROWN SVP, CHIEF SUS OFF END - 11/12/2024	40.00 0.00					X	421,797	0	27,278
(33) FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFFICER	40.00 0.00					X	406,318	0	40,820
(34) ELISA WEISS SVP, EDUCATION	40.00 0.00					X	367,828	0	45,294
(35) ANDREW PERRY SVP, BUS OPS AND TECHNOLOGY	40.00 0.00					X	391,677	0	15,358
(36) DALE NISSENBAUM FORMER EVP, GEN CNSL - END 05/2024	40.00 0.00					X	547,759	0	15,807
(37) TROY DUNMIRE FORMER EVP, CF OP OFF - END 01/2024	40.00 0.00					X	263,181	0	8,453
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						6,154,478	0	465,515	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **346**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ICON PLC - PHARMACEUTICAL RESEARCH ASSOC 4130 PARKLAKE AVENUE SUITE 400 RALEIGH, NC 27612	CLINICAL TRIAL	9,616,721
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	PAT ASSIST PROC	6,765,372
MOORE A SERIES LLC 4200 PARLIAMENT PLACE SUITE 300 LANHAM, MD 20706	PROFESSIONAL FUNDRAISING	4,664,047
SALESFORCE 140 E 45TH ST NEW YORK, NY 10017	SOFTWARE	4,565,999
KAPADI 9650 STRICKLAND ROAD SUITE 103-150 RALEIGH, NC 27615	CLINICAL TRIAL	3,123,545
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 175		

Form **990** (2024)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns			355,986	
b Membership dues				
c Fundraising events			139,255,682	
d Related organizations				
e Government grants (contributions)				
f All other contributions, gifts, grants, and similar amounts not included above			175,722,703	
g Noncash contributions included in lines 1a - 1f:\$			4,274,075	
h Total. Add lines 1a-1f				315,334,371

Program Service Revenue	2a SERVICE REVENUE	Business Code	(A)	(B)	(C)	(D)
		810000	16,079,272	16,079,272		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.		16,079,272				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		(A)	(B)	(C)	(D)
				19,224,485		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			10,803,789			10,803,789
6a Gross rents	(i) Real	(ii) Personal				
	6a					
	b Less: rental expenses					
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a		228,293,867			
	b Less: cost or other basis and sales expenses					
c Gain or (loss)						
d Net gain or (loss)			3,049,286			3,049,286
8a Gross income from fundraising events (not including \$ 139,255,682 of contributions reported on line 1c). See Part IV, line 18						
	8a		16,736,434			
	b Less: direct expenses					
c Net income or (loss) from fundraising events			-5,792,699			-5,792,699
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold					
c Net income or (loss) from sales of inventory						
Other Revenue Misc Amt	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			358,698,504	16,079,272	0	27,284,861

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,522,719	43,522,719		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,847,874	72,847,874		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	7,713,241	7,713,241		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,278,438	1,415,470	1,459,842	403,126
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	18,231		18,231	
7 Other salaries and wages	119,579,251	76,835,715	23,453,195	19,290,341
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,988,177	2,479,454	886,340	622,383
9 Other employee benefits	18,745,035	11,653,810	4,165,931	2,925,294
10 Payroll taxes	9,019,648	5,607,526	2,004,543	1,407,579
11 Fees for services (non-employees):				
a Management				
b Legal	2,123,694	1,274,217	573,397	276,080
c Accounting	419,767		419,767	
d Lobbying	3,514,398	3,514,398		
e Professional fundraising services. See Part IV, line 17	9,354,770			9,354,770
f Investment management fees	288,407	221,500	34,288	32,619
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,169,211	16,408,138	3,981,350	3,779,723
12 Advertising and promotion	7,605,533	4,611,440	991,591	2,002,502
13 Office expenses	14,060,991	8,563,768	1,398,549	4,098,674
14 Information technology	12,532,741	944,969	9,309,320	2,278,452
15 Royalties				
16 Occupancy	3,320,960	2,361,477	432,198	527,285
17 Travel	10,789,396	8,272,676	1,228,284	1,288,436
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,125,715	3,602,255	726,974	796,486
23 Insurance	1,109,978	81,399	1,028,579	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH & DEVELOPMENT	19,783,112	19,783,112		
b MISCELLANEOUS	5,217,189	4,086,879	461,536	668,774
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	398,128,476	295,802,037	52,573,915	49,752,524
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	17,165,765	13,280,340	0	3,885,425

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	3,858,985	1	5,202,537
	2 Savings and temporary cash investments	143,907,675	2	96,813,180
	3 Pledges and grants receivable, net	45,469,673	3	48,116,644
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,836,452	9	9,173,907
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,554,477		
	b Less: accumulated depreciation	10b 19,862,721	10,752,233	10c 9,691,756
	11 Investments—publicly traded securities	354,480,856	11	330,481,970
	12 Investments—other securities. See Part IV, line 11	22,812,891	12	24,669,655
	13 Investments—program-related. See Part IV, line 11	10,615,299	13	6,785,419
	14 Intangible assets	316,667	14	116,667
	15 Other assets. See Part IV, line 11	3,959,788	15	1,157,928
16 Total assets: Add lines 1 through 15 (must equal line 33)	602,010,519	16	532,209,663	
Liabilities	17 Accounts payable and accrued expenses	36,559,192	17	33,217,287
	18 Grants payable	155,633,120	18	122,193,676
	19 Deferred revenue	14,667,950	19	14,994,156
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,198,076	25	1,307,601
	26 Total liabilities. Add lines 17 through 25	211,058,338	26	171,712,720
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	251,301,743	27	204,762,655
	28 Net assets with donor restrictions	139,650,438	28	155,734,288
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	390,952,181	32	360,496,943
	33 Total liabilities and net assets/fund balances	602,010,519	33	532,209,663

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	358,698,504
2	Total expenses (must equal Part IX, column (A), line 25)	2	398,128,476
3	Revenue less expenses. Subtract line 2 from line 1	3	-39,429,972
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	390,952,181
5	Net unrealized gains (losses) on investments	5	9,453,483
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-478,749
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	360,496,943

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number
13-5644916

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	441,317,494	400,540,019	357,670,634	338,611,733	315,334,371	1,853,474,251
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	441,317,494	400,540,019	357,670,634	338,611,733	315,334,371	1,853,474,251
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						444,706,475
6 Public support. Subtract line 5 from line 4.						1,408,767,776

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	441,317,494	400,540,019	357,670,634	338,611,733	315,334,371	1,853,474,251
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,877,123	18,087,763	13,066,416	18,039,091	30,028,274	96,098,667
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,949,572,918
12 Gross receipts from related activities, etc. (see instructions)					12	68,730,146
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	72.260 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	68.530 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; Row 20: Private foundation.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization BLOOD CANCER UNITED INC	Employer identification number 13-5644916
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 BLOOD CANCER UNITED INC

Employer identification number
 13-5644916

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 BLOOD CANCER UNITED INC

Employer identification number
 13-5644916

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization BLOOD CANCER UNITED INC	Employer identification number 13-5644916
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization BLOOD CANCER UNITED INC	Employer identification number 13-5644916
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions ▶ \$ _____
- Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; 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; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See Instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART II-B, LINE 1: BLOOD CANCER UNITED PARTICIPATES IN A NUMBER OF COALITIONS AND MEMBER ORGANIZATIONS, INCLUDING ALLIANCE FOR A STRONGER FDA, ALLIANCE FOR CHILDHOOD CANCER, ALLIANCE FOR FAIR HEALTHCARE PRICING, CANCER LEADERSHIP COUNCIL, DEFENSE HEALTH RESEARCH CONSORTIUM, MAPRX COALITION, NCSL FOUNDATION FOR STATE LEGISLATURES, ONE VOICE AGAINST CANCER, PARTNERSHIP TO PROTECT COVERAGE, PATIENT QUALITY OF LIFE COALITION, PUBLIC AFFAIRS COUNCIL, AND STATE ACCESS TO INNOVATIVE MEDICINES COALITION. EMPLOYEES IN THE BLOOD CANCER UNITED OFFICE OF PUBLIC POLICY WORK TO ADVANCE THE ORGANIZATION'S PUBLIC POLICY PRIORITIES, DOING SO WITH SUPPORT FROM LOBBYING FIRMS AND ADVISERS RETAINED BY BLOOD CANCER UNITED AND IN PARTNERSHIP WITH VOLUNTEER ADVOCATES. BLOOD CANCER UNITED VOLUNTEER ADVOCATES ENGAGE THEIR LAWMAKERS BY CONDUCTING LETTER-WRITING CAMPAIGNS, SHARING THEIR PERSONAL STORIES, AND CONDUCTING ONE-ON-ONE VISITS IN STATE CAPITOLS AND IN WASHINGTON, D.C. - ALL WITH SUPPORT FROM THE BLOOD CANCER UNITED OFFICE OF PUBLIC POLICY.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number

13-5644916

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1,000,000 |
| d Additions during the year | 43,274 |
| e Distributions during the year | |
| f Ending balance | 1,043,274 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,277,308	7,730,391	7,288,293	7,381,460	5,902,791
b Contributions		80,666	30,000	1,129,903	1,650
c Net investment earnings, gains, and losses	750,040	787,363	713,739	-913,685	1,726,314
d Grants or scholarships	421,590	308,062	291,598	295,324	236,177
e Other expenditures for facilities and programs					
f Administrative expenses	14,450	13,050	10,043	14,061	13,118
g End of year balance	8,591,308	8,277,308	7,730,391	7,288,293	7,381,460

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 46.350 %
 - c** Term endowment ▶ 53.650 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | No |
| (ii) Related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,554,477	19,862,721	9,691,756
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,691,756

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE LIABILITY	1,307,601
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,307,601

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	374,017,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,049,286	
b	Donated services and use of facilities	2b	7,631,003	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,026,150	
e	Add lines 2a through 2d	2e		15,607,867
3	Subtract line 2e from line 1		3	358,410,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	288,407	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		288,407
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	358,698,504

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	416,711,240
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,631,003	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,240,168	
e	Add lines 2a through 2d	2e		18,871,171
3	Subtract line 2e from line 1		3	397,840,069
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	288,407	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		288,407
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	398,128,476

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART III, LINE 1A:	THE BLOOD CANCER UNITED COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT BLOOD CANCER UNITED'S PROGRAMS.
PART IV, LINE 1B:	BLOOD CANCER UNITED HELD APPROXIMATELY \$1 MILLION IN ESCROW ON BEHALF OF IFLI AS PART OF A PASS-THROUGH GRANT AGREEMENT.
PART V, LINE 4:	BLOOD CANCER UNITED'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT BLOOD CANCER UNITED'S PUBLIC EDUCATION PROGRAMS.
PART X, LINE 2:	BLOOD CANCER UNITED, BLOOD CANCER UNITED RESEARCH PROGRAMS, INC., AND BLOOD CANCER UNITED RESEARCH FOUNDATION QUALIFY AS CHARITABLE ORGANIZATIONS AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A). BLOOD CANCER UNITED'S LIMITED LIABILITY COMPANIES ARE DISREGARDED PASS-THROUGH ENTITIES AND ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A). ADDITIONALLY, SINCE THESE ORGANIZATIONS ARE PUBLICLY SUPPORTED, CONTRIBUTIONS QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE INTERNAL REVENUE CODE. LLSC IS REGISTERED AS A CHARITABLE ORGANIZATION UNDER THE INCOME TAX ACT (CANADA) AND IS, THEREFORE, NOT SUBJECT TO INCOME TAXES IF CERTAIN DISBURSEMENT REQUIREMENTS ARE MET. BLOOD CANCER UNITED AND ITS RELATED ENTITIES RECOGNIZE THE EFFECT OF TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO BLOOD CANCER UNITED'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. THERE WERE NO ENTITIES THAT RECOGNIZED UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2024 AND JUNE 30, 2025.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LLS CANADA REVENUE 11,026,150.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LLS CANADA EXPENSE 11,240,168.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

**SCHEDULE F
(Form 990)**
(Rev. January 2025)

Statement of Activities Outside the United States

OMB No. 1545-0047

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number

13-5644916

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	1		RESEARCH FUNDING	RESEARCH GRANTS	1,078,560
(2) EUROPE			RESEARCH FUNDING	RESEARCH GRANTS	5,115,956
(3) CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	15,082,741
(4) EAST ASIA & THE PACIFIC			RESEARCH FUNDING	RESEARCH GRANTS	1,518,725
(5) EUROPE			INVESTMENTS	INVESTMENTS	6,568,415
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	0			29,364,397
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			29,364,397

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(2)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,069	WIRE PAYMENT	0		ACCRUAL
(3)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	120,000	WIRE PAYMENT	0		ACCRUAL
(4)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(5)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	150,000	WIRE PAYMENT	0		ACCRUAL
(6)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,656	WIRE PAYMENT	0		ACCRUAL
(7)			EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(8)			NORTH AMERICA	RESEARCH GRANTS	78,600	WIRE PAYMENT	0		ACCRUAL
(9)			NORTH AMERICA	RESEARCH GRANTS	999,960	WIRE PAYMENT	0		ACCRUAL
(10)			EUROPE	RESEARCH GRANTS	750,000	WIRE PAYMENT	0		ACCRUAL
(11)			EUROPE	RESEARCH GRANTS	125,000	WIRE PAYMENT	0		ACCRUAL
(12)			EUROPE	RESEARCH GRANTS	200,000	WIRE PAYMENT	0		ACCRUAL
(13)			EUROPE	RESEARCH GRANTS	650,000	WIRE PAYMENT	0		ACCRUAL
(14)			EUROPE	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(15)			EUROPE	RESEARCH GRANTS	231,171	WIRE PAYMENT	0		ACCRUAL
(16)			EUROPE	RESEARCH GRANTS	246,719	WIRE PAYMENT	0		ACCRUAL
(17)			EUROPE	RESEARCH GRANTS	850,000	WIRE PAYMENT	0		ACCRUAL
(18)			EUROPE	RESEARCH GRANTS	175,000	WIRE PAYMENT	0		ACCRUAL
(19)			EUROPE	THERAPY ACCELERATION	325,152	WIRE PAYMENT	0		FMV
(20)			EUROPE	THERAPY ACCELERATION	501,880	WIRE PAYMENT	0		FMV
(21)			EUROPE	THERAPY ACCELERATION	811,034	WIRE PAYMENT	0		FMV

2 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

18

3 Enter total number of other organizations or entities

3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

Supplemental Information Regarding
Fundraising or Gaming Activities

Open to Public
Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number
13-5644916

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MOORE A SERIES LLC 4200 PARLIAMENT PLACE SUITE 300 LANHAM, MD 20706	DIRECT MAIL		No	0	4,664,047	-4,664,047
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					4,664,047	-4,664,047

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC, PR

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LAKE TAHOE CYCLE</u> (event type)	<u>MANHATTAN WALK</u> (event type)	<u>285</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	3,086,769	2,925,993	149,979,354	155,992,116
	2 Less: Contributions	2,557,137	2,652,887	134,045,658	139,255,682
	3 Gross income (line 1 minus line 2)	529,632	273,106	15,933,696	16,736,434
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	108,347	21,124	1,882,792	2,012,263
	6 Rent/facility costs	222,101	236,678	13,848,046	14,306,825
	7 Food and beverages	6,315	941	571,319	578,575
	8 Entertainment	174,169	134	1,807,031	1,981,334
	9 Other direct expenses	194,052	14,747	3,441,337	3,650,136
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,529,133
	11 Net income summary. Subtract line 10 from line 3, column (d)				-5,792,699

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions. Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	BLOOD CANCER UNITED USED MOORE, A SERIES LLC FOR IT'S NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS.

Additional Data

[Return to Form](#)

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: BLOOD CANCER UNITED INC. Employer identification number: 13-5644916

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include various organizations like Sloan Kettering, UNC Lineberger, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 65

3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COPAY ASSISTANCE CLL	12007	24,198,796			
(2) COPAY ASSISTANCE LYMPHOMA	7712	19,535,615			
(3) COPAY ASSISTANCE MDS	1507	524,688			
(4) COPAY ASSISTANCE MYELOMA	7297	6,469,725			
(5) COPAY ASSISTANCE MANTEL	722	1,526,820			
(6) COPAY ASSISTANCE WALDENST	470	1,127,345			
(7) COPAY ASSISTANCE AML	5587	8,932,351			
(8) PATIENT TRAVEL ASSISTANCE	2310	1,744,037			
(9) PATIENT AID	35250	9,103,963			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	<p>FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY. BLOOD CANCER UNITED PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL BLOOD CANCER UNITED RECEIVES AND APPROVES THE DELINQUENT REPORT. PATIENT FINANCIAL AID: BLOOD CANCER UNITED REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO THEIR TREATMENT. SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES. IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, BLOOD CANCER UNITED HAS ESTABLISHED A PATIENT FINANCIAL AID PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND OF HELP DEFER SOME OF THESE EXPENSES. BLOOD CANCER UNITED ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA. CO-PAY ASSISTANCE: PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS. ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500% OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF LIVING INDEX. PATIENTS MUST PROVIDE PROOF OF INSURANCE AND INCOME. QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD. PATIENT TRAVEL ASSISTANCE: BLOOD CANCER UNITED REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR TRANSPORTATION TO GET TO THEIR PROVIDERS, E.G. DOCTORS, HOSPITALS, TRANSPLANT CENTERS, AND RESEARCH OR CLINICAL TRIAL CENTERS. SOMETIMES PATIENTS HAVE TO TRAVEL OUT-OF-STATE TO GET THEIR PRESCRIBED AND RECOMMENDED TREATMENTS, OFTEN TIMES RESULTING IN PATIENTS HAVING TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE. IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, BLOOD CANCER UNITED ESTABLISHED THE TRAVEL ASSISTANCE PROGRAM WHICH PROVIDES APPLICANTS, WHO ARE US CITIZENS OR PERMANENT RESIDENTS, HAVE AN ANNUAL INCOME AT OR BELOW 500% OF THE FEDERAL POVERTY LEVEL (FPL) AND HAVE A CONFIRMED BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES. BLOOD CANCER UNITED ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.</p>

Additional Data

Return to Form

Software ID:
Software Version:

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number

13-5644916

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel
<input type="checkbox"/> Travel for companions
<input type="checkbox"/> Tax idemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> 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," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee
<input checked="" type="checkbox"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|--|---|

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 E ANDERS KOLB PRESIDENT & CEO	(i)	678,834	200,000	1,164	4,982	45,537	930,517	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 GWEN NICHOLS EVP, CHIEF MED OFFICER	(i)	466,269	105,142	164,983	17,250	28,091	781,735	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 GORDON MILLER EVP, CHIEF FIN OFFICER	(i)	404,089	90,964	153,427	17,250	39,067	704,797	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 FLORA COKER POWELL EVP, CHIEF REV OFFICER	(i)	433,238	57,711	21,864	17,250	42,084	572,147	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 DALE NISSENBAUM FORMER EVP, GEN CNSL - END 05/2024	(i)	397,356	0	150,403	5,933	9,874	563,566	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 LEE GREENBERGER SVP, CHIEF SCI OFFICER - END 12/2024	(i)	346,235	47,558	14,767	17,250	27,912	453,722	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 SUSAN BROWN SVP, CHIEF SUS OFF END - 11/12/2024	(i)	375,110	46,513	174	12,075	15,203	449,075	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFFICER	(i)	343,837	61,550	931	12,220	28,600	447,138	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 ELISA WEISS SVP, EDUCATION	(i)	323,795	43,058	975	17,250	28,044	413,122	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 ANDREW PERRY SVP, BUS OPS AND TECHNOLOGY	(i)	331,055	59,723	899	12,075	3,283	407,035	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 MEREDITH FOGEL EVP, GEN COUNSEL - START 09/2024	(i)	264,771	46,707	890	16,040	38,863	367,271	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
12 TROY DUNMIRE FORMER EVP, CF OP OFF - END 01/2024	(i)	263,176	0	5	1,464	6,989	271,634	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
13 SHONETTE HARRISON CAREW EVP, CHIEF ADMIN OFF - START 09/2024	(i)	112,033	50,000	232	0	367	162,632	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	BLOOD CANCER UNITED AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS TIED TO EMPLOYEE PERFORMANCE AND ORGANIZATION TARGETS. THE NAMES OF EMPLOYEES AND THE AMOUNTS THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II, COL (B) (II).

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L
(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization BLOOD CANCER UNITED INC	Employer identification number 13-5644916
---	---

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
					Yes	No

- 2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) SHARON CASTELLINO	BOARD MEMBER	150,000	GRANTS	RESEARCH GRANT
(2) ARI MELNICK	BOARD MEMBER	1,500,000	GRANTS	RESEARCH GRANT
(3) RAYNE ROUCE	BOARD MEMBER	300,000	GRANTS	RESEARCH GRANT

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHEENA MEHTA	DAUGHTER-IN-LAW OF BOARD MEMBER OF JANICE GABRILOVE	18,231	COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number

13-5644916

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	253	4,246,606	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	3	6,379	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VARIOUS OTHER)	X	19	18,490	FAIR MARKET VALUE
26 Other (PRINTED ITEMS)	X	1	2,600	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M - SUPPLEMENTAL INFORMATION PART I, COLUMN B	BLOOD CANCER UNITED IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR EACH OF THE ITEMS IN PART I, NOT THE NUMBER OF INDIVIDUAL ITEMS.

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SCHEDULE O**(Form 990)**

(Rev. January 2025)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.**

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
 Inspection**

Name of the organization
 BLOOD CANCER UNITED INC

Employer identification number

13-5644916

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ALL OF BLOOD CANCER UNITEDS BYLAWS AND CHARTERS WERE CHANGED FROM LEUKEMIA AND LYMPHOMA SOCIETY TO BLOOD CANCER UNITED AS PART OF AN ORGANIZATION-WIDE NAME CHANGE. NO OTHER CHANGES WERE MADE.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY THE BLOOD CANCER UNITED'S FINANCE DEPARTMENT AND WAS REVIEWED BY THE CFO, SENIOR VICE PRESIDENT OF FINANCE, VICE PRESIDENT, CONTROLLER, AND KPMG FOR COMMENT AND SUGGESTED REVISIONS. THE FORM 990 WAS THEN PROVIDED TO THE AUDIT COMMITTEE, WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWED THE 990 AND PROVIDED INPUT PRIOR TO FILING. THE FINAL DRAFT FORM 990, AS WILL BE FILED WITH THE IRS, WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BLOOD CANCER UNITED KEY PERSONS ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS. OTHER LLS REPRESENTATIVES ARE ENCOURAGED TO DISCLOSE POTENTIAL CONFLICTS AND MAY BE REQUIRED TO COMPLETE DISCLOSURE STATEMENTS WHEN REQUESTED. ALL DISCLOSURE STATEMENTS ARE REVIEWED BY THE LEGAL DEPARTMENT AND ESCALATED TO THE AUDIT COMMITTEE FOR EVALUATION AND MANAGEMENT OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE TALENT AND COMPENSATION COMMITTEE, COMPRISED OF INDEPENDENT BOARD MEMBERS, ESTABLISHES COMPENSATION GUIDELINES AND RECOMMENDS CEO COMPENSATION TO THE EXECUTIVE COMMITTEE BASED ON PERFORMANCE EVALUATIONS AND MARKET STUDIES. THE EXECUTIVE COMMITTEE ESTABLISHES CEO PERFORMANCE GOALS AND CONDUCTS EVALUATIONS. THE EXECUTIVE COMMITTEE MAKES FINAL RECOMMENDATIONS TO THE BOARD FOR APPROVAL, WITH ALL DECISIONS DOCUMENTED IN COMMITTEE MINUTES. THE LAST EVALUATION WAS NOVEMBER 2024.
FORM 990, PART VI, SECTION C, LINE 19	BLOOD CANCER UNITED MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT BLOODCANCERUNITED.ORG. ITS GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION. ANY IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990.
FORM 990, PART XI, LINE 9:	FOREIGN CURRENCY ADJUSTMENTS -478,749.

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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
BLOOD CANCER UNITED INC

Employer identification number

13-5644916

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEAT AML LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	NY	6,984,125	712,731	BLOOD CANCER UNITED
(2) PEDAL BCU LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	NY	11,534,579	1,634,650	BLOOD CANCER UNITED
(3) TAP BCU LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE	-1,112,729	9,770,672	BLOOD CANCER UNITED
(4) TAP BCU AURON LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(5) TAP BCU KDAC LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(6) TAP BCU KURA LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(7) TAP BCU CONSTELLATION LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(8) TAP BCU KYMERA LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(9) TAP BCU MIRAGEN LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(10) TAP BCU SOLU LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(11) TAP BCU CROSSBOW LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(12) TAP BCU X4 LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(13) MISSION ASSETS LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(14) MISSION ASSETS - MCG LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(15) RESEARCH RETURNS LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED
(16) JLSA3 RR LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			BLOOD CANCER UNITED

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO M2J4P8 CA	BLOOD CANCER RESERACH	CA			N/A		No
(2) BLOOD CANCER UNITED RESEARCH FOUNDATION 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005 13-3709252	SUPPORTS BLOOD CANCER UNITED	DE	501(C)(3)	LINE 12A, I	BLOOD CANCER UNITED INC	Yes	
(3) BLOOD CANCER UNITED RESEARCH PROGRAMS INC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005 13-3470494	SUPPORTS BLOOD CANCER UNITED	DE	501(C)(3)	LINE 12A, I	BLOOD CANCER UNITED INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

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