Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 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 N.W.
Room/suite SUITE 410

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

F Name and address of principal officer: E. ANDERS KOLB, M.D.
1201 15TH STREET N.W., SUITE 410, WASHINGTON

D Employer identification number
13-5644916

E Telephone number
914-949-5213

G Gross receipts $ 606,472,218.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: BLOODCANCERUNITED.ORG

K Form of organization: [X] Corporation Trust Association Other

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 (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1390
6	Total number of volunteers (estimate if necessary)	6	300000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	338,611,733.	315,334,371.
9	Program service revenue (Part VIII, line 2g)	14,932,514.	16,079,272.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,623,882.	22,273,771.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,926,070.	5,011,090.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	368,242,059.	358,698,504.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	119,474,064.	124,083,834.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	137,851,341.	154,628,780.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,745,743.	9,354,770.
b	Total fundraising expenses (Part IX, column (D), line 25) 49,752,524.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,721,024.	110,061,092.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	371,792,172.	398,128,476.
19	Revenue less expenses. Subtract line 18 from line 12	-3,550,113.	-39,429,972.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	602,010,519.	532,209,663.
21	Total liabilities (Part X, line 26)	211,058,338.	171,712,720.
22	Net assets or fund balances. Subtract line 21 from line 20	390,952,181.	360,496,943.

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 — Date

GORDON MILLER, JR., EVP CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DEVIN L DUNCAN				P01249521

Firm's name KPMG LLP — Firm's EIN 13-5565207

Firm's address 345 PARK AVENUE, NEW YORK, NY 10154-0102 — Phone no. 212-758-9700

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 X

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 X 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 X 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

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, MYELODYSPLASTIC SYNDROMES AND MYELOPROLIFERATIVE NEOPLASMS. BLOOD CANCER UNITED OFFERS AN ARRAY OF FREE, COMPREHENSIVE RESOURCES TO BLOOD CANCER PATIENTS, CAREGIVERS, FAMILIES AND FRIENDS OF PATIENTS, 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

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

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

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

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	X	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	397		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 1390			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	X	
b	If "Yes," enter the name of the foreign country CANADA, POLAND See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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

18 Section 6104 requires an organization to make its Forms 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 on Schedule O)*

19 Describe on 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 - 914-821-8935
1201 15TH STREET N.W., SUITE 410, WASHINGTON, DC 20005

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 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) E. ANDERS KOLB	40.00									
PRESIDENT & CEO	0.00			X				879,998.	0.	50,519.
(2) GWEN NICHOLS	40.00									
EVP, CHIEF MED OFFICER	0.00			X				736,394.	0.	45,341.
(3) GORDON MILLER	40.00									
EVP, CHIEF FIN OFFICER	0.00			X				648,480.	0.	56,317.
(4) FLORA COKER POWELL	40.00									
EVP, CHIEF REV OFFICER	0.00			X				512,813.	0.	59,334.
(5) DALE NISSENBAUM	40.00									
FORMER EVP, GEN CNSL - END 05/2024	0.00						X	547,759.	0.	15,807.
(6) LEE GREENBERGER	40.00									
SVP, CHIEF SCI OFFICER - END 12/2024	0.00					X		408,560.	0.	45,162.
(7) SUSAN BROWN	40.00									
SVP, CHIEF SUS OFF END - 11/12/2024	0.00					X		421,797.	0.	27,278.
(8) FLORENCE GODFREY	40.00									
SVP, CHIEF EXPERIENCE OFFICER	0.00					X		406,318.	0.	40,820.
(9) ELISA WEISS	40.00									
SVP, EDUCATION	0.00					X		367,828.	0.	45,294.
(10) ANDREW PERRY	40.00									
SVP, BUS OPS AND TECHNOLOGY	0.00					X		391,677.	0.	15,358.
(11) MEREDITH FOGEL	40.00									
EVP, GEN COUNSEL - START 09/2024	0.00			X				312,368.	0.	54,903.
(12) TROY DUNMIRE	40.00									
FORMER EVP, CF OP OFF - END 01/2024	0.00						X	263,181.	0.	8,453.
(13) SHONETTE HARRISON CAREW	40.00									
EVP, CHIEF ADMIN OFF - START 09/2024	0.00			X				162,265.	0.	367.
(14) ORLANDO ASHWORTH	40.00									
EVP, CHIEF PEOPLE - START 10/2024	0.00			X				95,040.	0.	562.
(15) ALESSANDRA TOCCO	4.00									
CHAIR	0.00	X		X				0.	0.	0.
(16) FREDA WANG	4.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(17) MARLA PERSKY	4.00									
SECRETARY/TREASURER	0.00	X		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 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			
(18) JANICE GABRILOVE, MD	4.00									
AT LARGE	0.00	X		X				0.	0.	0.
(19) LEROY BALL	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(20) RICHARD BAGGER	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(21) MARK BARRENECHEA	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(22) RENZO CANETTA	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(23) M CASEY CUNNINGHAM	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(24) SHARON CASTELLINO	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(25) MIKE FARMER	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(26) ARI MELNICK	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
1b Subtotal								6,154,478.	0.	465,515.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
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, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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 ASSOCIAT 4130 PARKLAKE AVENUE, SUITE 400, RALEIGH, N	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

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) KATHLEEN MERIWETHER	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(28) RUBEN MESA	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(29) LYNNE O'BRIEN	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(30) ALEX OKAFOR	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(31) JIM REDDOCH	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(32) RICHARD RENDINA	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(33) ROBERT ROSEN	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(34) RAYNE H. ROUCE MD	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(35) JEFF SACHS	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(36) LILIAN STERN	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
(37) YVETTE TREMONTI	4.00									
BOD MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1a	355,986.				
	b Membership dues	1b					
	c Fundraising events	1c	139,255,682.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	175,722,703.				
	g Noncash contributions included in lines 1a-1f	1g	$ 4,274,075.				
	h **Total.** Add lines 1a-1f			315,334,371.			
Program Service Revenue		**Business Code**					
	2a SERVICE REVENUE	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)			19,224,485.			19,224,485.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			10,803,789.			10,803,789.
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	228,293,867.				
	b Less: cost or other basis and sales expenses	7b	225,244,581.				
	c Gain or (loss)	7c	3,049,286.				
	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	8b	22,529,133.				
	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	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a						
	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 (nonemployees):				
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 Sch 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 on 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 [X] 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 X ☐

				(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** ☒ **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 ☐ **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 X

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 on 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 (B))	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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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 on Schedule O.	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
BLOOD CANCER UNITED, INC.	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 **section 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails 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 grants.")	441,317,494.	400,540,019.	357,670,634.	338,611,733.	315,334,371.	1853474251.
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.	1853474251.
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.						1408767776.

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.	1853474251.
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						1949572918.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 72.26 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 68.53 %

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 ☒

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 ☐

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 ☐

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 ☐

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 ☐

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

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 grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
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? *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.*	2		

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)? *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).*	1		

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?	1		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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? 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.*	2a		
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? *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.*	2b		
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? If "Yes" or "No," provide details in **Part VI**.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

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):			
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 (*explain in detail in* **Part VI**):			
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 0.85 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 3e			
g Applied to under distributions 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. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result 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.)

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2024

Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization	Employer identification number (EIN)
BLOOD CANCER UNITED, INC.	13-5644916

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs 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-.

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 (grassroots 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.		

IF the amount on line 1e, column (a) or (b), is:	THEN 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? ☐ Yes ☐ 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.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		1,062,365.
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		82,066.
f Grants to other organizations for lobbying purposes?	X		33,271.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,926,174.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		410,522.
j Total. Add lines 1c through 1i			3,514,398.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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."

1 Dues, assessments, and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information *(continued)*

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.

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.
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 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 (for example, recreation or education)
- ☐ Preservation of a 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 Tax 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 on line 2a	2c	
d	Number of conservation easements included on line 2c 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 2d 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 make 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 program
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	1c	1,000,000.
d Additions during the year	1d	43,274.
e Distributions during the year	1e	
f Ending balance	1f	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 46.3500 %
c Term endowment 53.6500 %

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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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, line 10c, column (B))*				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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))*	

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	
(2) CAPITAL LEASE LIABILITY	1,307,601.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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.

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

Part XIII Supplemental Information *(continued)*

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.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

Open to Public Inspection

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 and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **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 the 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
NORTH AMERICA	1		RESEARCH FUNDING	RESEARCH GRANTS	1,078,560.
EUROPE			RESEARCH FUNDING	RESEARCH GRANTS	5,115,956.
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	15,082,741.
EAST ASIA & THE PACIFIC			RESEARCH FUNDING	RESEARCH GRANTS	1,518,725.
EUROPE			INVESTMENTS	INVESTMENTS	6,568,415.
3 a Subtotal	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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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)
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,069.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	120,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	150,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,656.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	78,600.	WIRE PAYMENT	0.		ACCRUAL

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH GRANTS	999,960.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	750,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	200,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	650,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	231,171.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	246,719.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	850,000.	WIRE PAYMENT	0.		ACCRUAL

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANTS	175,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	THERAPY ACCELERATION	325,152.	WIRE PAYMENT	0.		FMV
		EUROPE	THERAPY ACCELERATION	501,880.	WIRE PAYMENT	0.		FMV
		EUROPE	THERAPY ACCELERATION	811,034.	WIRE PAYMENT	0.		FMV

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)

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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[X] 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 the Instructions for Form 8621)*	[X] 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 the Instructions for Form 8865)*	[ ] Yes	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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. THE ACCOUNTING METHOD UTILIZED FOR GRANTS REPORTED ON PART II IS THE ACCRUAL METHOD AS CONSISTENT WITH BOOKS AND RECORDS.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2 a 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? [X] **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? Yes	**(iii)** No	**(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
MOORE, A SERIES LLC - 4200 PARLIAMENT PLACE, SUITE 300,	DIRECT MAIL		X	0.	4,664,047.	-4,664,047.
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 LAKE TAHOE CYCLE (event type)	(b) Event #2 MANHATTAN WALK (event type)	(c) Other events 285 (total number)	(d) Total events (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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ 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 the 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 to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MOORE, A SERIES LLC
(I) ADDRESS OF FUNDRAISER:
4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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.

OMB No. 1545-0047

Open to Public Inspection

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? [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH - PO BOX 026338 - NEW YORK, NY 10087	13-1924236	501(C)(3)	2,513,800.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF TEXAS AT AUSTIN 101 E. 27TH ST. AUSTIN, TX 78712	74-6000203	GOVT	250,000.	0.	ACCRUAL		RESEARCH GRANT
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - 104 AIRPORT DRIVE - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	70,000.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 10889 WILSHIRE BLVD - LOS ANGELES, CA 90024	95-6006143	GOVT	70,000.	0.	ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	1,550,000.	0.	ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE, BELFER 1108 - BRONX, NY 10461	47-2209056	501(C)(3)	943,343.	0.	ACCRUAL		RESEARCH GRANT

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 II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLU THERAPEUTICS 15 NECCO STREET BOSTON, MA 02210	92-2327975		499,999.	0.	FMV		THERAPY ACCELERATION
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	375,000.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE, SOUTH SUITE 1170 AB - BIRMINGHAM, AL 35294	63-6005396	GOVT	125,000.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM ST - SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	945,000.	0.	ACCRUAL		RESEARCH GRANT
OSU FOUNDATION 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	501(C)(3)	579,132.	0.	ACCRUAL		RESEARCH GRANT
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	GOVT	296,867.	0.	ACCRUAL		RESEARCH GRANT
INDIANA UNIVERSITY 2101 E. COLISEUM BLVD FORT WAYNE, IN 46805	35-6001673	501(C)(3)	504,297.	0.	ACCRUAL		RESEARCH GRANT
GEORGE WASHINGTON UNIVERSITY 2121 I ST NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS UNIVERSITY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 80901	22-6001086	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY CANCER INSTITUTE - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	23-7083114	501(C)(3)	190,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	GOVT	2,009,874.	0.	ACCRUAL		RESEARCH GRANT
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE, NE GRAND RAPIDS, MI 49503	52-2000820	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
THE RESEARCH INSTITUTE OF FOX CHASE CANCER CENTER - 333 COTTMAN AVENUE - PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	620,000.	0.	ACCRUAL		RESEARCH GRANT
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINATTI, OH 45229	31-0833936	501(C)(3)	500,541.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA DEPARTMENT OF MEDICINE - 3451 WALNUT STREET FRANKLIN BLDG - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	104,214.	0.	ACCRUAL		RESEARCH GRANT
PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET FRANKLIN BLDG P-221 - PHILADELPHIA, PA 19104	23-1352685	GOVT	640,000.	0.	ACCRUAL		RESEARCH GRANT
THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH - 350 COMMUNITY DR - MANHASSET, NY 11030	11-2673595	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH , PA 10526	25-0965591	GOVT	120,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM ST - LITTLE ROCK, AR 72205	71-6046242	GOVT	250,000.	0.	ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE. INC 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	5,197,687.	0.	ACCRUAL		RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 450 SERRA MALL - STANFORD, CA 94305	94-1156365	501(C)(3)	2,257,440.	0.	ACCRUAL		RESEARCH GRANT
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-1156519	501(C)(3)	249,999.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF WISCONSIN AT MADISON 500 LINCOLN DR MADISON, WI 53715	39-6006492	GOVT	73,600.	0.	ACCRUAL		RESEARCH GRANT
DURHAM VA MEDICAL CENTER 508 FULTON STREET DURHAM, NC 27705	74-1612229	501(C)(3)	500,000.	0.	ACCRUAL		RESEARCH GRANT
NEW YORK COLUMBIA UNIVERSITY MEDICAL CENTER - 535 W 116TH ST - NEW YORK, NY 10027	13-5598093	501(C)(3)	1,173,600.	0.	ACCRUAL		RESEARCH GRANT
AURON THERAPEUTICS 55 CHAPEL ST NEWTON, MA 02458	82-3865673		500,000.	0.	FMV		THERAPY ACCELERATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	245,940.	0.	ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 575 LEXINGTON AVE - NEW YORK, NY 10022	13-1623978	501(C)(3)	2,115,000.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE, MC6092 CHICAGO, IL 60637	36-2177139	GOVT	123,600.	0.	ACCRUAL		RESEARCH GRANT
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	155,000.	0.	ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY 633 CLARK AVE EVANSTON, IL 60208	36-2167817	501(C)(3)	157,406.	0.	ACCRUAL		RESEARCH GRANT
VERSITI BLOOD CENTER OF WISCONSIN 638 N 18TH ST MILWAUKEE, WI 53233	39-0807235	501(C)(3)	37,500.	0.	ACCRUAL		RESEARCH GRANT
HOUSTON METHODIST RESEARCH INSTITUTE - 6670 BERTNER AVENUE - HOUSTON, TX 77030	87-0721923	501(C)(3)	500,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILDS WAY LOS ANGELES, CA 90089	95-1642394	GOVT	239,560.	0.	ACCRUAL		RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	2,252,023.	0.	ACCRUAL		RESEARCH GRANT
ATRIUM HEALTH FOUNDATION 7800 PROVIDENCE RD CHARLOTTE , NC 28226	56-6060481	501(C)(3)	125,110.	0.	ACCRUAL		RESEARCH GRANT
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER - 8441 RIVERSIDE PKWY - BRYAN, TX 77807	74-2907553	GOVT	250,000.	0.	ACCRUAL		RESEARCH GRANT
THE MEDICAL COLLEGE OF WISCONSIN 8701 W WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	GOVT	375,000.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093	95-6006144	GOVT	370,000.	0.	ACCRUAL		RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER - OFFICE OF RESEARCH SERVICES - PHILADELPHIA, PA 19104	23-1352685	GOVT	1,069,925.	0.	ACCRUAL		RESEARCH GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	253,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT DAVIS ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	GOVT	250,000.	0.	ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	664,225.	0.	ACCRUAL		RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	370,000.	0.	ACCRUAL		RESEARCH GRANT
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193	58-2137993	501(C)(3)	1,661,071.	0.	ACCRUAL		RESEARCH GRANT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - PO BOX 1000 DEPT #949 - MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,308,000.	0.	ACCRUAL		RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 121236 - DALLAS, TX 75312	62-0476822	501(C)(3)	424,913.	0.	ACCRUAL		RESEARCH GRANT
THE BRIGHAM AND WOMENS HOSPITAL, INC. - PO BOX 3149 - BOSTON, MA 02241	04-2312909	501(C)(3)	150,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	23-7173411	GOVT	999,997.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	GOVT	1,280,887.	0.	ACCRUAL		RESEARCH GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	750,000.	0.	ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-1564655	501(C)(3)	1,073,600.	0.	ACCRUAL		RESEARCH GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4266 - HOUSTON, TX 77210	74-6001118	GOVT	2,518,448.	0.	ACCRUAL		RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	194,691.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER ANSCHUTZ MEDICAL CAMPUS - PO BOX 6508 - AURORA, CO 80045	84-6000555	GOVT	1,966,500.	0.	ACCRUAL		RESEARCH GRANT
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE - PO BOX 742801 - ATLANTA, GA 30374	59-3238634	501(C)(3)	1,312,498.	0.	ACCRUAL		RESEARCH GRANT
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - PO BOX 8500 - PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	284,000.	0.	ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
VETERANS HEALTH FOUNDATION UNIVERSITY DR PITTSBURGH , PA 15240	25-1666090	501(C)(3)	50,000.	0.	ACCRUAL		RESEARCH GRANT

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COPAY ASSISTANCE CLL	12007	24,198,796.	0.		
COPAY ASSISTANCE LYMPHOMA	7712	19,535,615.	0.		
COPAY ASSISTANCE MDS	1507	524,688.	0.		
COPAY ASSISTANCE MYELOMA	7297	6,469,725.	0.		
COPAY ASSISTANCE MANTEL	722	1,526,820.	0.		

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

PART I, LINE 2:
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.

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COPAY ASSISTANCE WALDENST	470.	1,127,345.	0.		
COPAY ASSISTANCE AML	5,587.	8,932,351.	0.		
PATIENT TRAVEL ASSISTANCE	2,310.	1,744,037.	0.		
PATIENT AID	35,250.	9,103,963.	0.		

Part IV Supplemental Information

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.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

			Yes	No
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. First-class or charter travel — Housing allowance or residence for personal use Travel for companions — Payments for business use of personal residence Tax indemnification and gross-up payments — Health or social club dues or initiation fees Discretionary spending account — Personal services (such as 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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. [X] Compensation committee — Written employment contract [X] Independent compensation consultant — [X] Compensation survey or study [X] Form 990 of other organizations — [X] 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?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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 on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 aren't 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 and/or 1099-MISC and/or 1099-NEC compensation			(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	(i)	678,834.	200,000.	1,164.	4,982.	45,537.	930,517.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GWEN NICHOLS	(i)	466,269.	105,142.	164,983.	17,250.	28,091.	781,735.	0.
EVP, CHIEF MED OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GORDON MILLER	(i)	404,089.	90,964.	153,427.	17,250.	39,067.	704,797.	0.
EVP, CHIEF FIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FLORA COKER POWELL	(i)	433,238.	57,711.	21,864.	17,250.	42,084.	572,147.	0.
EVP, CHIEF REV OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DALE NISSENBAUM	(i)	397,356.	0.	150,403.	5,933.	9,874.	563,566.	0.
FORMER EVP, GEN CNSL - END 05/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEE GREENBERGER	(i)	346,235.	47,558.	14,767.	17,250.	27,912.	453,722.	0.
SVP, CHIEF SCI OFFICER - END 12/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN BROWN	(i)	375,110.	46,513.	174.	12,075.	15,203.	449,075.	0.
SVP, CHIEF SUS OFF END - 11/12/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FLORENCE GODFREY	(i)	343,837.	61,550.	931.	12,220.	28,600.	447,138.	0.
SVP, CHIEF EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELISA WEISS	(i)	323,795.	43,058.	975.	17,250.	28,044.	413,122.	0.
SVP, EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANDREW PERRY	(i)	331,055.	59,723.	899.	12,075.	3,283.	407,035.	0.
SVP, BUS OPS AND TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MEREDITH FOGEL	(i)	264,771.	46,707.	890.	16,040.	38,863.	367,271.	0.
EVP, GEN COUNSEL - START 09/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TROY DUNMIRE	(i)	263,176.	0.	5.	1,464.	6,989.	271,634.	0.
FORMER EVP, CF OP OFF - END 01/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SHONETTE HARRISON CAREW	(i)	112,033.	50,000.	232.	0.	367.	162,632.	0.
EVP, CHIEF ADMIN OFF - START 09/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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).

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
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 GRAN
(2) ARI MELNICK	BOARD MEMBER	1,500,000.	GRANTS	RESEARCH GRAN
(3) RAYNE ROUCE	BOARD MEMBER	300,000.	GRANTS	RESEARCH GRAN
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule L (Form 990) (Rev. 12-2024)**

SEE PART V FOR CONTINUATIONS

LHA 432131 01-15-25

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	18,231.	COMPENSATIO		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:
(A) NAME OF PERSON: SHARON CASTELLINO
(E) PURPOSE OF ASSISTANCE: RESEARCH GRANT

(A) NAME OF PERSON: ARI MELNICK
(E) PURPOSE OF ASSISTANCE: RESEARCH GRANT

(A) NAME OF PERSON: RAYNE ROUCE
(E) PURPOSE OF ASSISTANCE: RESEARCH GRANT

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: SHEENA MEHTA
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DAUGHTER-IN-LAW OF BOARD MEMBER OF JANICE GABRILOVE
(C) AMOUNT OF TRANSACTION $ 18,231.
(D) DESCRIPTION OF TRANSACTION: COMPENSATION
(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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 ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.

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.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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.

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

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 TRIALS
BEAT AML MASTER TRIAL
BEGINNING 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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
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.

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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 INDIVIDUAL ASSISTANCE 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

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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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
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
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.
EXPENSES $ 16,653,111. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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

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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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
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

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, CHANGES IN NET ASSETS:
FOREIGN CURRENCY ADJUSTMENTS -478,749.

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
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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
BEAT AML LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	NEW YORK	6,984,125.	712,731.	BLOOD CANCER UNITED
PEDAL BCU, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	NEW YORK	11,534,579.	1,634,650.	BLOOD CANCER UNITED
TAP BCU, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE	-1,112,729.	9,770,672.	BLOOD CANCER UNITED
TAP BCU AURON, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			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	(g) Section 512(b)(13) controlled entity? No
THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO, CANADA M2J4P8	BLOOD CANCER RESERACH	CANADA			N/A		X
BLOOD CANCER UNITED RESEARCH FOUNDATION - 13-3709252, 1201 15TH STREET N.W., SUITE 410, WASHINGTON, DC 20005	SUPPORTS BLOOD CANCER UNITED	DELAWARE	501(C)(3)	LINE 12A, I	BLOOD CANCER UNITED, INC	X	
BLOOD CANCER UNITED RESEARCH PROGRAMS, INC. - 13-3470494, 1201 15TH STREET N.W., SUITE 410, WASHINGTON, DC 20005	SUPPORTS BLOOD CANCER UNITED	DELAWARE	501(C)(3)	LINE 12A, I	BLOOD CANCER UNITED, INC	X	

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
TAP BCU KDAC, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU KURA, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU CONSTELLATION, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU KYMERA, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU MIRAGEN, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU SOLU, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU CROSSBOW, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
TAP BCU X4, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
MISSION ASSETS, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
MISSION ASSETS - MCG, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN 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
RESEARCH RETURNS, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED
JLSA3 RR, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			BLOOD CANCER UNITED

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

		Yes	No
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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