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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☑ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BLOOD SCIENCE FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
875 GREENTREE ROAD PARKWAY CENTER 5

City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15220

D Employer identification number
25-1562715

E Telephone number
(412) 209-7192

G Gross receipts $ 236,087,356

F Name and address of principal officer
MARK J GIAQUINTO
875 GREENTREE ROAD PARKWAY CENTER 5
PITTSBURGH, PA 15220

H(a) Is this a group return for subordinates? ☐ Yes ☑ 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 ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW BLOODSCIENCEFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THROUGH PHILANTHROPY AND GRANT MAKING, THE BLOOD SCIENCE FOUNDATION SUPPORTS BLOOD SYSTEMS, INC IN FULFILILNG THEIR MISSION TO ADVANCE CUTTING EDGE RESEARCH, PROVIDE A SAFE AND AMPLE BLOOD SUPPLY AND MEET THE NEEDS OF THE HEALTHCARE COMMUNITIES, PATIENTS AND DONORS OF PENNSYLVANIA, ILLINOIS AND VIRGINIA

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**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		38,918
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,047,766	13,782,458
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,047,766	13,821,376
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,764,770	1,672,636
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶170,742		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	317,688	1,218,730
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,082,458	2,891,366
19	Revenue less expenses Subtract line 18 from line 12	-6,130,224	10,930,010

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	103,260,177	54,346,455
21	Total liabilities (Part X, line 26)	4,640,644	924,039
22	Net assets or fund balances Subtract line 21 from line 20	98,619,533	53,422,416

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

****** 2017-11-06
Signature of officer Date

MARK J GIAQUINTO PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EUGENE J LOGAN	EUGENE J LOGAN			P00227231

Firm's name ▶ SCHNEIDER DOWNS & CO INC — Firm's EIN ▶ 25-1408703

Firm's address ▶ ONE PPG PLACE SUITE 1700
PITTSBURGH, PA 15222 — Phone no (412) 261-3644

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THROUGH PHILANTHROPY AND GRANT MAKING, BSF SUPPORTS BSI IN FULFILILNG THEIR MISSION TO ADVANCE CUTTING EDGE RESEARCH, PROVIDE A SAFE AND AMPLE BLOOD SUPPLY AND MEET THE NEEDS OF THE HEALTHCARE COMMUNITIES, PATIENTS AND DONORS OF PA, IL AND VA

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ Yes ☐ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,672,636 including grants of $ 1,672,636) (Revenue $)
See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,672,636

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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		No
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	Yes	
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	[redacted]			

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8		
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O*	9		No

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		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MARK J GIAQUINTO 875 GREENTREE ROAD PARKWAY CENTER PITTSBURGH, PA 15220 (412) 209-7302

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	1,057,883	357,225

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 ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	

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
s, Gifts, Grants milar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,672,636	1,672,636		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	545,559		479,606	65,953
b Legal	25,111		25,111	
c Accounting	25,000		25,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	572,863		469,304	103,559
12 Advertising and promotion	18,190		18,190	
13 Office expenses	16,167		16,114	53
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	8,803		7,829	974
18 Payments of travel or entertainment expenses for any [redacted]				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	95,520	1	99,963
	2	Savings and temporary cash investments		2	116,515
	3	Pledges and grants receivable, net	0	3	4,000
	4	Accounts receivable, net	0	4	4,728
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	103,164,657	11	7,398,874
	12	Investments—other securities See Part IV, line 11	0	12	37,190,375
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0	15	9,532,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	103,260,177	16	54,346,455
Liabilities	17	Accounts payable and accrued expenses	1,253,210	17	924,039
	18	Grants payable		18	
	19	Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	3,387,434	25	0
	26	**Total liabilities.** Add lines 17 through 25	4,640,644	26	924,039
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	98,619,533	27	53,396,966
	28	Temporarily restricted net assets		28	25,450
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	98,619,533	33	53,422,416
	34	Total liabilities and net assets/fund balances	103,260,177	34	54,346,455

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,821,376
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,891,366
3	Revenue less expenses Subtract line 2 from line 1	3	10,930,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,619,533
5	Net unrealized gains (losses) on investments	5	-6,112,350
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-50,014,777
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,422,416

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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 25-1562715

Name: BLOOD SCIENCE FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

BLOOD SCIENCE FOUNDATION (BSF) PROVIDES FUNDING DIRECTLY TO BLOOD SYSTEMS INC TO SUPPORT THE MISSION OF THE ORGANIZATION, IN AN AMOUNT EQUALING OR EXCEEDING THE DISTRIBTUABLE AMOUNT AS DESCRIBED IN TREASURY REGULATION 1 509(A)-4(I)(5)(II) PRIOR TO MARCH 1, 2017, BSF HELD ASSETS FOR ITXM AND MADE GRANTS TO OTHER TAX-EXEMPT CHARITABLE ORGANIZATIONS FROM JULY 1, 2016 THROUGH FEBRUARY 28, 2017, IT MADE GRANTS TOTALING $1 67 MILLION

Form 990, Part III, Line 4b:

EFFECTIVE MARCH 1, 2017, BLOOD SCIENCE FOUNDATION (BSF) BEGAN A FUNDRAISING PROGRAM TO SUPPORT BLOOD SYSTEMS, INC 'S (BSI) OPERATIONS IN PITTSBURGH, CHICAGO AND VIRGINIA (ITXM'S LOCATIONS) DURING THE FOUR MONTH PERIOD ENDING JUNE 30, 2017, BSF SPENT FUNDS ON ADMINISTRATIVE AND FUNDRAISING INFRASTRUCTURE GIVEN ITS STAND-ALONE, TAX EXEMPT ORGANIZATION STATUS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317055307

SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

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 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in 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 1

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)
(A) BLOOD SYSTEMS INC	860098929	10	Yes		432,888	0
Total 1					432,888	0

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five 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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
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		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
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?			

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 in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or*			

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 **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	0	194,866
2	Recoveries of prior-year distributions	2	0	0
3	Other gross income (see instructions)	3	0	1,222,480
4	Add lines 1 through 3	4	0	1,417,346
5	Depreciation and depletion	5	0	0
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	0	53,628
7	Other expenses (see instructions)	7	0	0
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	1,363,718

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a	0	77,763,139
b	Average monthly cash balances	1b	0	157,553
c	Fair market value of other non-exempt-use assets	1c	0	0
d	**Total** (add lines 1a, 1b, and 1c)	1d	0	77,920,692
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) 0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	0
3	Subtract line 2 from line 1d	3	0	77,920,692
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	1,168,810
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	76,751,882
6	Multiply line 5 by 035	6	0	2,686,316
7	Recoveries of prior-year distributions	7	0	0
8	**Minimum Asset Amount** (add line 7 to line 6)	8	0	2,686,316

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2	Enter 85% of line 1	2		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4	Enter greater of line 2 or line 3	4		0
5	Income tax imposed in prior year	5		0
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

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	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 **Total annual distributions.** Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 11	BSF WAS, UNTIL FEBRUARY 28, 2017, EXEMPT UNDER THE GROUP EXEMPTION OF THE INSTITUTE FOR TR ANSFUSION MEDICINE ("ITXM") PURSUANT TO GROUP EXEMPTION 5645 ON MARCH 1, 2017, AS PART OF A CHANGE IN AFFILIATION, BSF LEFT THE GROUP EXEMPTION AND APPLIED FOR ITS OWN TAX EXEMPTI ON BSF FILED FOR RECOGNITION AS A NON-FUCTIONALLY INTEGRATED SUPPORTING ORGANIZATION OF B LOOD SYSTEMS, INC

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 5A AND LINE 6	PRIOR TO THE JULY 1, 2008 YEAR END, BSF WAS A PENNSYLVANIA NONPROFIT CORPORATION EXEMPT FR OM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AND CLASSIFIED AS A PUBLIC CHARI TY UNDER SECTION 509(A)(3) OF THE CODE EFFECTIVE JULY 1, 2008, BSF CHANGED ITS PUBLIC CHA RITY STATUS TO THAT UNDER THE GROUP EXEMPTION FOR ITXM, GROUP EXEMPTION NUMBER 5645 IN 20 10, BSF BEGAN TO PROVIDE GRANTS AND FUNDING TO ORGANIZATIONS OTHER THAN ITXM AND ITS SUBSI DIARIES BSF PROVIDED GRANTS TO SUPPORT THE RESEARCH EFFORTS OF UNIVERSITIES AND REGIONAL HOSPITAL SYSTEMS GRANTS WERE MADE IN SUPPORT OF BLOOD TRANSFUSION MEDICINE, CONSISTENT WI TH THE MISSION OF ITXM ON FEBRUARY 28, 2017, BSF AMENDED THEIR ARTICLES OF INCORPORATION AND BYLAWS AS A RESULT BSF BECAME AN INDEPENDENT ENTITY WITH NO CONTROLLING ORGANIZATION AS PART OF A CHANGE IN AFFILIATION BY BSF FROM ITXM AND THEIR AFFILIATES TO BLOOD SYSTEMS , INC , BSF WAS NO LONGER ABLE TO BE PART OF THE GROUP EXEMPTION 5645 UNDER ITXM ACCORDIN GLY, BSF ESTABLISHED ITSELF AS A NON-FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION OF BS I AND RECIEVED ITS OWN TAX EXEMPTION BSI (EIN 86-0098929) IS A NONPROFIT ORGANIZATION EXE MPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AND CLASSIFIED AS A PUBLIC CHARITY UNDER SECTION 509(A)(2) OF THE CODE BSI'S PRIMARY EXEMPT ACTIVITIES INCLUDE MAIN TAINING NUMEROUS BLOOD BANKS AND PLASMA DERIVATIVE SYSTEM AND PERFORMING RELATED RESEARCH IN ITS CAPACITY AS A SEPARATE TAX-EXEMPT SUPPORTING ORGANIZATION TO BSI, BSF WILL INITIAT E A PHILANTHROPY PROGRAM TO INSURE ADEQUATE ANNUAL SUPPORT OF BSI AND ITS AFFILIATES IN C ONNECTION WITH ITS INCREASED FUNDRAISING ACTIVITIES, BSF ANTICIPATES LEASING STAFF FROM TH E CURRENT ITXM TO CARRY OUT BSF'S ACTIVITIES

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3	BY REASON OF BSF'S RELATIONSHIP WITH BSI, BSI (THE SUPPORTED ORGANIZATION) WILL HAVE A SIG NIFICANT VOICE IN THE INVESTMENT POLICIES OF BSF, THE TIMING OF GRANTS, THE MANNER OF MAKI NG GRANTS AND THE SELECTION OF RECIPIENTS (ALL GRANTS WILL GO TO BSI), AND OTHERWISE DIREC TING THE USE OF THE INCOME AND ASSETS OF BSF

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART V, SECTION D, LINE 3	BSF DID NOT REPORT ANY ADMINISTRATIVE EXPENSES PAID TO ACCOMPLISH THE EXEMPT PURPOSE OF BS I AS THIS WAS THE FIRST YEAR OF THE RELATIONSHIP AND NO DISTRIBUTION REQUIREMENT AROSE FOR THE CURRENT YEAR

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SCHEDULE D (Form 990)

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶
- c Temporarily restricted endowment ▶

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)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				0

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) DOMESTIC EQUITIES	18,601,298	C
(B) INTERNATIONAL EQUITIES	9,668,656	C
(C) ALTERNATIVE INVESTMENTS	8,910,135	C
(D) ACCRUED INVESTMENT INCOME	10,286	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	37,190,375	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) ADVANCE TO RELATED PARTY	9,532,000
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	9,532,000

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	7,709,026
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-6,112,350		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-6,112,350
3	Subtract line **2e** from line **1**			3	13,821,376
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	13,821,376

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	2,891,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,891,366
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,891,366

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 25-1562715
Name: BLOOD SCIENCE FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS AN ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENU E CODE, AND FURTHER, IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION SP ECIFICALLY, THE FOUNDATION IS CLASSIFIED AS A TYPE III SUPPORTING ORGANIZATION UNDER SECTI ON 509(A)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION FOR INCOME TAXES HAS BE EN MADE FOR THIS ENTITY THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHOR ITIES IN ANY MAJOR TAX JURISDICTION BEFORE 2014 THE FOUNDATION FOLLOWS THE CODIFICATION T OPIC ON INCOME TAXES, WHICH PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT MET HODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS THE FOUNDATION'S BALANCE SHEET D OES NOT INCLUDE ANY LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE FOUN DATION HAS NO UNRECOGNIZED TAX BENEFITS

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SCHEDULE G (Form 990 or 990-EZ)

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, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

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

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

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

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

b If "Yes," list the ten 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
CAMPBELL & COMPANY 1 E UPPER WACKER DR STE 2100 CHICAGO, IL 60601	INTERIM FUNDRAISING MANAGEMENT		No	0	346,168	0
Total			▶		346,168	

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

PA

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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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 name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	IN RETAINING CAMPBELL AND COMPANY'S SERVICES, BSF RECEIVED INTERIM FUNDRAISING MANAGEMENT SERVICES THAT INCLUDED STRATEGY AND CONSULTATION IN SETTING UP BSF'S FUNDRAISING PROGRAM ADDITIONALLY, CAMPBELL & COMPANY PROVIDED DESIGN SERVICES TO DEVELOP MATERIALS THAT WOULD BE USED IN FUNDRAISING INITIATIVES

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Schedule I (Form 990)

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	DOCUMENTATION IS OBTAINED FROM RECIPIENTS THAT DEMONSTRATES COMPLIANCE WITH THE GRANT PARAMETERS ANY FINDINGS OF NONCOMPLIANCE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED MEETING

Additional Data

Software ID:
Software Version:
EIN: 25-1562715
Name: BLOOD SCIENCE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLEGHENY SINGER RESEARCH INSTITUTE 320 E NORTH AVE PITTSBURGH, PA 15212	25-1320493	501(C)(3)	388,000		N/A	N/A	RESEARCH
UPMC - UNIVERSITY OF PITTSBURGH PHYSICIANS 230 LOTHROP ST PITTSBURGH, PA 15213	23-2919472	501(C)(3)	95,000		N/A	N/A	SICKLE CELL DISEASE RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROBERT PACKARD CENTER FOR ALS RESEARCH AT JOHNS HOPKINS 5801 SMITH AVE MCAULEY SUITE 110 BALTIMORE, MD 212093652	52-0591656	501(C)(3)	75,000		N/A	N/A	RESEARCH
UNIVERSITY OF PITTSBURGH - DEPARTMENT OF MEDICINE 1218 SCAIFE HALL PITTSBURGH, PA 15261	25-0965591	501(C)(3)	1,000,000		N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTE FOR TRANSFUSION MEDICINE 875 GREENTREE RD PITTSBURGH, PA 15220	25-1562714	501(C)(3)	111,000		N/A	N/A	OPERATIONAL SUPPORT AND FELLOWSHIP

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Schedule J (Form 990)

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 JAMES COVERT - PRESIDENT CEO (THRU 02/17) DIRECTOR (EFF 03/17)	(i)	0	0	0	0	0	0	0
	(ii)	473,212	141,363	0	215,185	19,128	848,888	0
MARK GIAQUINTO - CFO 2 THRU 02/17) PRESIDENT & CFO (EFF 03/17)	(i)	0	0	0	0	0	0	0
	(ii)	280,358	31,152	0	92,582	16,165	420,257	0

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 25-1562715
Name: BLOOD SCIENCE FOUNDATION

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 1A	EXECUTIVE/SOCIAL DUES WERE PAID FOR THE CEO AND CFO PRIOR TO MARCH 1, 2017, AIRLINE AND EXECUTIVE CLUB DUES WERE PAID FOR JAMES COVERT PRIOR TO MARCH 1, 2017 EXECUTIVE CLUB DUES ARE PAID FOR MARK GIAQUINTO

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE INSTITUTE FOR TRANSFUSION MEDICINE, THE FORMER PARENT COMPANY OF BLOOD SCIENCE FOUNDATION, ESTABLISHED COMPENSATION OF THE CEO USING THE SIX MEASURES DESCRIBED IN PART I, LINE 3

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINES 4A-B	JAMES COVERT RECEIVED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAYMENT UPON HIS SEPARATION ON FEBURARY 28, 2017 MARK GIAQUINTO REMAINS A PARTICIPANT IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WHICH WAS FROZEN ON FEBRUARY 28, 2017

Part III, Supplemental Information

Return Reference	Explanation
PART II	MR JAMES COVERT SERVED AS PRESIDENT & CEO OF ITXM AND ITS SUBSIDIARIES THROUGH FEBRUARY 28, 2017 THROUGH A CHANGE IN AFFILIATION TO BLOOD SYSTEMS, INC (BSI) ON MARCH 1, 2017, BLOOD SCIENCE FOUNDATION (BSF) EXITED ITXM'S CONTROL AND BECAME AN INDEPENDENT ORGANIZATION DUE TO THIS CHANGE IN AFFILIATION MR COVERT EXITED HIS ROLE AT ITXM AND REMAINED ON THE BOARD OF BSF MR MARK GIAQUINTO SERVED AS CFO FOR ITXM AND ITXM SUBSIDIARIES THROUGH FEBRUARY 28, 2017 FOLLOWING BSF'S CHANGE IN AFFILIATION, MR GIAQUINTO REMAINED EMPLOYED BY ITXM, BUT ASSUMED THE ROLE OF PRESIDENT & CFO FOR BSF FOLLOWING THE CHANGE IN AFFILIATION, MR GIAQUINTO'S SALARY REMAINED CONSISTENT WITH HIS COMPENSATION PRIOR TO BSF'S CHANGE IN AFFILIATION ALL COSTS FOR MR GIAQUINTO AND MS SHELLEY BRANDT, SECRETARY OF BSF, POST CHANGE IN AFFILIATION, INCLUDING SALARIES AND FRINGE BENEFITS ARE CHARGED BACK TO BSF BY ITXM

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINES 5 AND 6 AND PART II B(II)	PERFORMANCE BASED BONUSES WERE PAID TO ITXM SENIOR AND MIDDLE MANAGEMENT ACCORDING TO CRITERIA WHICH WAS ESTABLISHED AT THE BEGINNING OF THE FISCAL YEAR BY THE COMPENSATION COMMITTEE OF THE ITXM BOARD THE CRITERIA INCLUDES THE ORGANIZATION'S OVERALL OPERATING AND FINANCIAL RESULTS ALONG WITH ACTIVITY AND QUALITY METRICS THE AMOUNTS SHOWN WERE FOR ITXM'S FISCAL YEAR ENDING JUNE 30, 2016 NO BONUSES ARE INCLUDED IN THE COMPENSATION PLAN OF BSF, POST MARCH 1, 2017

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or typeof entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part I **Liquidation, Termination, or Dissolution** (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III			

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH	02-28-2017	50,014,777	N/A	25-1562714	INSTITUTE FOR TRANSFUSION MEDICINE 875 GREENTREE RD PITTSBURGH, PA 15220	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		No
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
PART II, LINE 1	AS PART OF THE CHANGE IN AFFILIATION BY BLOOD SCIENCE FOUNDATION ("BSF") TO BLOOD SYSTEMS, INC ("BSI"), BSF TRANSFERRED AN AMOUNT TO THE INSTITUTE FOR TRANSFUSION MEDICINE (ITXM) TO COVER ITXM'S LONG TERM DEBT AND DEBT COVENANTS THE TRANSFER REDUCED BSF'S INVESTMENTS TO APPROXIMATELY $43 5 MILLION

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	FROM JULY 1, 2016 THROUGH FEBRUARY 28, 2017, THE BLOOD SCIENCE FOUNDATION (BSF) WAS A SUBSIDIARY OF THE INSTITUTE FOR TRANSFUSION MEDICINE (ITXM) IT WAS PART OF A GROUP EXEMPTION UNDER ITXM BSF'S ROLE DURING THIS TIME WAS TO HOLD INVESTMENTS FOR THE GROUP IT ALSO MADE GRANTS TO OTHER TAX-EXEMPT CHARITABLE ORGANIZATIONS THAT MATCHED ITXM'S AND BSF'S MISSION OF ADVANCING RESEARCH, EDUCATION AND TRANSFUSION MEDICINE ON MARCH 1, 2017 ITXM AND BLOOD SYSTEMS INC (BSI) ENTERED INTO A CHANGE IN AFFILIATION WHEREBY BSI BECAME THE SOLE CORPORATE MEMBER OF ITXM UPON ENTERING INTO THIS TRANSACTION, BSF EXITED ITXM'S GROUP EXEMPTION AND, WITH IRS APPROVAL, RECEIVED EXEMPTION AS A TYPE III SUPPORTING ORGANIZATION TO BSI BY EXITING ITXM'S GROUP EXEMPTION, BSF'S FINANCIAL HOLDINGS WERE REDUCED FROM $100 MILLION TO APPROXIMATELY $43 MILLION AS FUNDS WERE TRANSFERRED TO ITXM TO COVER ITXM'S LONG-TERM DEBT AND ITS TAX EXEMPT DEBT COVENANTS BSF'S MISSION HAS BEEN PROVIDED IN QUESTION 1 OF THIS PART III

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ON FEBRUARY 28, 2017, BSF AMENDED THEIR ARTICLES OF INCORPORATION AND BYLAWS AS A RESULT BSF BECAME AN INDEPENDENT ENTITY WITH NO CONTROLLING ORGANIZATION BSF BECOMING AN INDEPEN DENT ORGANIZATION IS PART OF A CHANGE IN AFFILIATION BETWEEN BSI AND ITXM AND THEIR AFFILI ATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS SHALL CONSIST OF NO FEWER THAN FIVE (5) AND NO MORE THAN NINETEEN (19) INDIVIDUALS TWO (2) MEMBERS OF THE BOARD OF DIRECTORS (WHO ALSO SERVE ON THE BSI BOAR D) WILL BE NOMINATED BY BSI AND APPOINTED BY THE BOARD OF DIRECTORS, TO SERVE AS EX OFFICI O DIRECTORS WITH VOTING RIGHTS TO THE EXTENT THAT ANY INDIVIDUAL NOMINATED BY BSI IS NOT ACCEPTABLE TO THE BOARD OF DIRECTORS, THE BOARD OF DIRECTORS WILL WORK IN GOOD FAITH WITH BSI'S BOARD TO RESOLVE WHETHER SUCH INDIVIDUAL SHOULD BE ACCEPTED OR ANOTHER INDIVIDUAL SH OULD BE RECOMMENDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED WITH THE BOARD OF DIRECTORS IN ADVANCE OF FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR AND EACH OFFICER SHALL MAKE TIMELY DISCLOSURE TO THE PRESIDENT AND THE CHAIR MAN OF THE BOARD OF HIS/HER "PERSONAL INTEREST" IN ANY TRANSACTION OR PROPOSED TRANSACTION KNOWN TO HIM/HER AND TO WHICH THE CORPORATION, ITXM OR BSI, OR THEIR SUBSIDIARIES OR AFFI LIATES ARE OR ARE TO BE A PARTY UPON HIS/HER INITIAL ELECTION TO OFFICE, EACH DIRECTOR SH ALL BE FURNISHED A COPY OF THE CONFLICT OF INTEREST POLICY AND ANY RELATED POLICIES ADOPTE D BY THE BOARD THE DIRECTOR OR OFFICER SHALL BE REQUIRED TO EXECUTE A STATEMENT ACKNOWLED GING (I) THAT HE/SHE HAS READ AND UNDERSTANDS THE CONTENT THEREOF, (II) THAT HE/SHE HAS B ECOME ACQUAINTED WITH THE CHARITABLE AND COMMUNITY SERVICE MISSION OF THE CORPORATION, AND UNDERSTANDS THAT THE CORPORATION MUST ENGAGE PRIMARILY IN, AND DEDICATE ITS RESOURCES EXC LUSIVELY TO, CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES IN PURSUIT OF TAX EXEMPT PU RPOSES UNDER THE CODE, AND (III) THAT WHEN ACTING IN THE CAPACITY OF A DIRECTOR OR OFFICER , HE/SHE IS LEGALLY BOUND TO SERVE THE CHARITABLE AND COMMUNITY SERVICE MISSION OF THE COR PORATION AND NOT ANY PERSONAL, PRIVATE OR OTHER INTEREST THE BOARD SHALL ANNUALLY REQUIRE THAT EACH DIRECTOR AND OFFICER EXECUTE A STATEMENT OF REAFFIRMATION AS TO ALL THE MATTERS SET FORTH ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	WHILE A PART OF ITXM'S GROUP EXEMPTION, BLOOD SCIENCE FOUNDATION WAS OVERSEEN BY THE PRESI DENT AND CEO OF ITXM IN ARRIVING AT THE PRESIDENT/CEO'S SALARY, THE HR & COMPENSATION COM MITTEE OF THE ITXM BOARD CONDUCTED A COMPENSATION REASONABLENESS ANALYSIS IN CONDUCTING T HE ANALYSIS THE COMMITTEES UTILIZED COMPARABILITY DATA PROVIDED BY AN INDEPENDENT CONSULTA NT, SATISFYING THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR EXECUTIVE COMPENSATION TH E COMPARABILITY DATA REPORT FROM THE INDEPENDENT PARTY ALSO INCLUDED THE PRESIDENT/CEO'S D IRECTOR REPORTS INCLUDING MR MARK GIAQUINTO, ITXM'S CFO AND SECRETARY/TREASURER THE REPO RT WAS REVIEWED WITH THE ITXM BOARD OF DIRECTORS EFFECTIVE WITH BSF'S CHANGE IN AFFILIATI ON TO BSI ON MARCH 1, 2017, MR MARK GIAQUINTO BECAME PRESIDENT & CFO FOR THE INDEPENDENT BLOOD SCIENCE FOUNDATION AON WAS ENGAGED TO PERFROM A SIMILAR COMPENSATION ANALYSIS FOR M R GIAQUINTO AND HIS NEW POSITION BSF HAD NOT YET RECIEVED THE STUDY FROM AON BY THE CLOS E OF THE FISCAL YEAR ON JUNE 30, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES THEIR FORM 990 AND FORM 1023 AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCI AL STATEMENTS AVAILABLE IN A REASONABLE AMOUNT OF TIME FOLLOWING A WRITTEN REQUEST FOR INS PECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 469,304 FUNDRAISING EXPENSES 103,559 TOTAL EXPENSES 572,863

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERCOMPANY TRANSFER -50,014,777

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, QUESTIONS 13 & 14	THE ORGANIZATION IS IN THE PROCESS OF ADOPTING A WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICY WHILE A MEMBER OF THE INSTITUTE FOR TRANSFUSION MEDICINE'S GROUP EXEMP TION, BSF FOLLOWED THE POLICIES OF ITXM AS AN INDEPENDENT ORGANIZATION THAT SUPPORTS BLOO D SCIENCE, INC ("BSI"), THE ORGANIZATION FOLLOWS THE WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES OF BSI

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, COLUMN B	THE HOURS LISTED AS BEING DEVOTED TO THE ORGANIZATION FOR MR JAMES COVERT, MR MARK GIAQU INTO, AND MS SHELLEY BRANDT REPRESENT THE HOURS DEVOTED BY THESE INDVIDUALS TO BLOOD SCIE NCE FOUNDATION ("BSF") FOR THE 4 MONTH PERIOD FOLLOWING BSF'S CHANGE IN AFFILIATION FROM I TXM TO BSI THE HOURS LISTED AS BEING DEVOTED TO A RELATED ORGANIZATION FOR THESE INDIVIDU ALS REPRESENTS THE FIRST 8 MONTHS OF THE YEAR WHEN BSF WAS A MEMBER OF ITXM'S GROUP EXEMPT ION FOLLOWING THE CHANGE IN AFFILIATION, MR COVERT, MR GIAQUINTO, AND MS BRANDT CEASED DEVOTING TIME TO ITXM AND DID NOT DEVOTE TIME TO ANY ORGANIZATION RELATED TO BSF

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SCHEDULE R (Form 990)

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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BLOOD SCIENCE FOUNDATION

Employer identification number
25-1562715

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

[redacted]

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) Disproprtionate 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.

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

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

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

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

Part 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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART II	FOR THE FIRST EIGHT (8) MONTHS OF THE BLOOD SCIENCE FOUNDATION'S ("BSF") TAX YEAR, THE ORGANIZATION WAS INCLUDED AS A PART OF THE INSTITUTE FOR TRANSFUSION MEDICINE GROUP EXEMPTION 5645 AS SUCH IT IS NOT REQUIRED TO REPORT RELATED TAX-EXEMPT ORGANIZATIONS INCLUDED UNDER THIS GROUP NUMBER FOR THE FINAL FOUR (4) MONTHS OF BSF'S TAX YEAR AND MOVING FORWARD, BSF OBTAINED AND OPERATED UNDER THEIR OWN FEDERAL EXEMPTION FURTHER, FOR THE FINAL FOUR (4) MONTHS OF BSF'S TAX YEAR, BSF SUPPORTED BLOOD SYSTEMS, INC ("BSI") BSI IS A PART OF GROUP EXEMPTION 6167