

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLADDER CANCER ADVOCACY NETWORK, INC.		D Employer identification number 20-2897110
	Doing Business As		E Telephone number 301-215-9099
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 772,018.
	City or town, state or country, and ZIP + 4 BETHESDA, MD 20814		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: DIANE QUALE SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.BCAN.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 2005	M State of legal domicile: MD

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO RAISE AWARENESS AND ADVANCE RESEARCH OF BLADDER CANCER; PROVIDE EDUCATION AND SUPPORT TO THE		
	2	Check this box <input type="checkbox"/> 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	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8
	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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 391,754.	Current Year 737,781.
	9	Program service revenue (Part VIII, line 2g)	55,579.	34,172.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	399.	65.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447,812.	772,018.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000.	25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	174,261.	313,528.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	68,243.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	299,460.	426,841.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	498,721.	765,369.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-50,909.	6,649.
	20	Total assets (Part X, line 16)	Beginning of Current Year 307,882.	End of Year 317,334.
	21	Total liabilities (Part X, line 26)	96,797.	99,600.
	22	Net assets or fund balances. Subtract line 21 from line 20	211,085.	217,734.

Part II Signature Block

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

Sign Here	Signature of officer DIANE QUALE, DIRECTOR/PRESIDENT		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name CLINT LEHMAN	Preparer's signature <i>Clinton Z Lehman</i>	Date 9/13/2012	Check if self-employed <input type="checkbox"/> PTIN P00840525
	Firm's name ▶ SQUIRE, LEMKIN + COMPANY LLP	Firm's EIN ▶ 52-2041603		
	Firm's address ▶ 111 ROCKVILLE PIKE, SUITE 475 ROCKVILLE, MD 20850		Phone no. 301-424-6800	

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: TO INCREASE PUBLIC AWARENESS ABOUT BLADDER CANCER; TO ADVOCATE BLADDER CANCER RESEARCH; AND TO PROVIDE EDUCATIONAL AND SUPPORT SERVICES FOR THE BLADDER CANCER COMMUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 212,562. including grants of \$) (Revenue \$ 0.) OUTREACH AND ADVOCACY- BCAN PROVIDES INFORMATION, RESOURCES AND SUPPORT TO BLADDER CANCER SURVIVORS, THEIR FAMILIES AND CAREGIVERS, AND THE MEDICAL COMMUNITY THROUGH OUR INTERACTIVE WEBSITE WHICH OFFERS A USER-FRIENDLY RESOURCE FOR PATIENTS, CLINICIANS AND CAREGIVERS AS WELL AS INSPIRATIONAL STORIES FROM SURVIVORS AND AN ONLINE COMMUNITY WHERE PATIENTS AND CAREGIVERS CAN FIND SUPPORT AND INFORMATION FROM OTHERS WHO ARE LIVING WITH THE DISEASE. THE STAFF RESPONDS TO REQUESTS FOR INFORMATION WHICH COMES THROUGH OUR OFFICE. BCAN STAFF, ALONG WITH LOCAL VOLUNTEERS, FACILITATED THE DEVELOPMENT OF SUPPORT GROUPS IN ROCHESTER, NY, INDIANAPOLIS, IN, AND MILWAUKEE, WI. MEMBERS OF OUR GROWING VOLUNTEER NETWORK HAVE PERSONALLY SPOKEN WITH OVER 750 UROLOGY PRACTICES AND CANCER CENTERS IN OVER 30 STATES TO DISTRIBUTE BCAN'S

4b (Code:) (Expenses \$ 88,630. including grants of \$) (Revenue \$ 34,172.) EDUCATION AND INFORMATION - BCAN HELD THREE REGIONAL PATIENT FORUMS AT DIFFERENT VENUES IN THE COUNTRY WHICH GAVE PATIENTS AND THEIR CAREGIVERS AN OPPORTUNITY TO LEARN MORE ABOUT THEIR DISEASE FROM RECOGNIZED MEDICAL EXPERTS. CLOSE TO 300 SURVIVORS AND CAREGIVERS HEARD PRESENTATIONS ON BLADDER CANCER FROM EXPERTS IN THE FIELD AT PATIENT FORUMS IN LOS ANGELES, DENVER AND HOUSTON. THESE PRESENTATIONS ARE NOW AVAILABLE ON THE BCAN WEBSITE. BCAN CONTINUES TO DEVELOP ADDITIONAL EDUCATIONAL RESOURCES FOR SURVIVORS, CAREGIVERS, AND THE MEDICAL COMMUNITY.

4c (Code:) (Expenses \$ 263,667. including grants of \$ 25,000.) (Revenue \$ 0.) RESEARCH - BCAN WORKS TO ADVANCE BLADDER CANCER RESEARCH. BCAN HOSTS THE ONLY ANNUAL SCIENTIFIC CONFERENCE IN NORTH AMERICA SOLELY FOCUSED ON BLADDER CANCER RESEARCH, THE BLADDER CANCER THINK TANK. THIS YEAR, BCAN RAISED \$25,000 FOR OUR ANNUAL BCAN AWARD FOR BLADDER CANCER RESEARCH. THE GRANT PERIOD RUNS FROM JULY THROUGH JUNE OF THE FOLLOWING YEAR. FOR THE 2010 GRANT PERIOD, JULY 2010 - JUNE 2011, THE AWARD SUPPORTED DR. ELIZABETH GUANCIAL OF THE DANA-FARBER CANCER INSTITUTE. FOR THE 2011 GRANT PERIOD, JULY 2011 - JUNE 2012, THE AWARD SUPPORTED DR. GIL REDELMAN-SIDI OF THE MEMORIAL SLOAN-KETTERING CANCER CENTER.

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

4e Total program service expenses 564,859.

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members/stockholders, and meeting documentation.

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

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, and joint venture investments.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, IL, CA, CT, FL, MA, MI, MO, NJ, NY, OH, PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 301-215-9099 4915 ST ELMO AVENUE, NO. 202, BETHESDA, MD 20814

BLADDER CANCER ADVOCACY NETWORK, INC.

Form 990 (2011)

20-2897110 Page 7

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

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

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

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 (describe hours for related organizations in Schedule O)	(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			
(1) DIANE ZIPURSKY QUALE DIRECTOR/PRESIDENT	25.00	X		X				41,879.	0.	0.
(2) JANICE ASHLEY DIRECTOR	2.00	X						0.	0.	0.
(3) SETH LERNER DIRECTOR	2.00	X						0.	0.	0.
(4) DAVID PULVER DIRECTOR	2.00	X						0.	0.	0.
(5) MACE ROSENSTEIN DIRECTOR/TREASURER	2.00	X		X				0.	0.	0.
(6) RICHARD SCOLIO DIRECTOR	2.00	X						0.	0.	0.
(7) JARED SHER DIRECTOR/SECRETARY	2.00	X		X				0.	0.	0.
(8) ROBERT LEVIN DIRECTOR	2.00	X						0.	0.	0.
(9) WILLIAM SHIPLEY DIRECTOR	2.00	X						0.	0.	0.
(10) LAWRENCE RZEPKA EXECUTIVE DIRECTOR	40.00			X				120,517.	0.	0.

BLADDER CANCER ADVOCACY NETWORK, INC.

Form 990 (2011)

20-2897110 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	737,781.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	737,781.				
	Program Service Revenue	2 a	CONFERENCE INCOME	27,009.	27,009.		
b		OTHER INCOME	7,163.	7,163.			
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	34,172.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	65.			65.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		772,018.	34,172.	0.	65.	

BLADDER CANCER ADVOCACY NETWORK,
INC.

Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	25,000.	25,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,129.	114,977.	38,326.	25,826.
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	114,406.	98,265.	15,731.	410.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	8,681.	6,544.	858.	1,279.
10 Payroll taxes	11,312.	7,153.	3,450.	709.
11 Fees for services (non-employees):				
a Management				
b Legal	235.	200.	10.	25.
c Accounting	21,986.		21,986.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,869.	1,725.	1,069.	75.
12 Advertising and promotion	40,452.	39,883.	323.	246.
13 Office expenses	69,398.	19,327.	26,124.	23,947.
14 Information technology				
15 Royalties				
16 Occupancy	34,832.	26,124.	4,354.	4,354.
17 Travel	60,271.	50,642.	3,022.	6,607.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	161,844.	159,053.	1,396.	1,395.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,239.		4,239.	
23 Insurance	1,076.		1,076.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND MEMBERSHIP	10,950.	4,066.	6,474.	410.
b LICENSES & PERMITS	9,676.	5,813.	928.	2,935.
c BOARD EXPENSES	6,817.	5,211.	1,606.	
d REPAIRS AND MAINTENANCE	1,591.	550.	1,041.	
e All other expenses	605.	326.	254.	25.
25 Total functional expenses. Add lines 1 through 24e	765,369.	564,859.	132,267.	68,243.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

BLADDER CANCER ADVOCACY NETWORK,
INC.

Form 990 (2011)

20-2897110 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	291,835.	1	272,365.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	5,015.	4	20,129.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	2,035.	8	1,966.	
	9 Prepaid expenses and deferred charges	1,957.	9	6,436.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,092.			
	b Less: accumulated depreciation	10b 11,349.	7,040.	10c 8,743.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	0.	15	7,695.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	307,882.	16	317,334.		
Liabilities	17 Accounts payable and accrued expenses	96,797.	17	42,100.	
	18 Grants payable		18	37,500.	
	19 Deferred revenue		19	20,000.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		25		
	26 Total liabilities. Add lines 17 through 25	96,797.	26	99,600.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	211,085.	27	217,734.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	211,085.	33	217,734.		
34 Total liabilities and net assets/fund balances	307,882.	34	317,334.		

Form 990 (2011)

BLADDER CANCER ADVOCACY NETWORK, INC.

Form 990 (2011)

20-2897110 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

Table with 6 rows and 2 columns. Row 1: Total revenue 772,018. Row 2: Total expenses 765,369. Row 3: Revenue less expenses 6,649. Row 4: Net assets at beginning 211,085. Row 5: Other changes 0. Row 6: Net assets at end 217,734.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

Table with 4 rows and 3 columns (Yes, No, and an unlabeled column). Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization BLADDER CANCER ADVOCACY NETWORK, INC.

Employer identification number 20-2897110

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 11, 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.)
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 X 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 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.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 3 columns: Question (11g(i), 11g(ii), 11g(iii)), Yes, No

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	215,883.	337,981.	345,406.	387,929.	737,781.	2,024,980.
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	215,883.	337,981.	345,406.	387,929.	737,781.	2,024,980.
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)						488,097.
6 Public support. Subtract line 5 from line 4.						1,536,883.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	215,883.	337,981.	345,406.	387,929.	737,781.	2,024,980.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,842.	5,032.	2,401.	399.	65.	14,739.
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 IV.)						
11 Total support. Add lines 7 through 10						2,039,719.
12 Gross receipts from related activities, etc. (see instructions)					12	153,539.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	75.35	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	71.55	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12).

14 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

BLADDER CANCER ADVOCACY NETWORK,
INC.

Employer identification number

20-2897110

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
--	---

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

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

Name of organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization BLADDER CANCER ADVOCACY NETWORK, INC.

Employer identification number 20-2897110

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure) and a table for details on conservation easements held at the end of the tax year.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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 XIV.
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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a-1g Balance and changes, 2 Percentage of endowment types, 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations, (ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?, 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 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).)

BLADDER CANCER ADVOCACY NETWORK, INC.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2 through 11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	772,018.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	765,369.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,649.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,649.

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

1	Total revenue, gains, and other support per audited financial statements	1	772,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	772,018.
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 XIV.)	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	772,018.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	765,369.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	765,369.
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 XIV.)	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	765,369.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: BCAN IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN
ACTIVITIES NOT DIRECTLY RELATED TO BCAN'S TAX-EXEMPT PURPOSE IS SUBJECT TO
TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31,
2011 AND 2010, THERE WAS NO UNRELATED BUSINESS INCOME. FOR THE YEARS
ENDED DECEMBER 31, 2011 AND 2010, NO UNRECOGNIZED TAX PROVISION OR BENEFIT
EXISTS.

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" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization BLADDER CANCER ADVOCACY NETWORK, INC.

Employer identification number 20-2897110

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed []

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

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

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

Schedule I (Form 990) (2011)

BLADDER CANCER ADVOCACY NETWORK, INC.

Schedule I (Form 990) (2011)

20-2897110

Page 2

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

Table with 6 columns: (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, (f) Description of non-cash assistance. Row 1: RESEARCH, 1, 25,000., 0.,

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOR A 12 MONTH GRANT PERIOD: THE RECIPIENT IS REQUIRED, AFTER THE FIRST 6 MONTHS OF THE GRANT, TO SUBMIT A WRITTEN SUMMARY TO BCAN DOCUMENTING THE PROGRESS MADE IN COMPLETING THE RESEARCH PROCESS.

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization	BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number	20-2897110
--------------------------	--	--------------------------------	------------

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

BLADDER CANCER COMMUNITY.

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

EDUCATIONAL INFORMATION TO OVER 3,000 PHYSICIANS. BCAN HAS DISTRIBUTED
OVER 20,000 OF OUR COMPREHENSIVE PATIENT HANDBOOK, "BLADDER CANCER
BASICS FOR THE NEWLY DIAGNOSED," TO SURVIVORS, CAREGIVERS, UROLOGY
PRACTICES AND CANCER CENTERS ACROSS THE UNITED STATES. BCAN IS A MEMBER
OF THE CANCER LEADERSHIP COUNCIL AND ONE VOICE AGAINST CANCER. BCAN
PARTICIPATED IN THE ANNUAL MEETING OF THE AMERICAN SOCIETY FOR CLINICAL
ONCOLOGY AND THE AMERICAN UROLOGICAL ASSOCIATION, AND NOMINATED
VOLUNTEERS TO SERVE AS PATIENT ADVOCATES AT THE SOUTHWEST ONCOLOGY
GROUP AND THE DEPARTMENT OF DEFENSE'S CONGRESSIONALLY DIRECTED MEDICAL
RESEARCH PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 4: ARTICLE VII

BLADDER CANCER RESEARCH NETWORK

SECTION 7.1 ESTABLISHMENT OF BLADDER CANCER RESEARCH NETWORK AND CORE
MISSION.

(A) THE BLADDER CANCER RESEARCH NETWORK ("BCRN") IS HEREBY ESTABLISHED AS A
DIVISION OF THE CORPORATION BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH
THIS ARTICLE VII.

(B) THE CORE MISSION OF BCRN IS TO MEET TO CONSIDER AND DISCUSS ISSUES OF
SIGNIFICANCE WHICH REFLECT THE PURPOSE OF THE CORPORATION, INCLUDING (BUT
NOT LIMITED TO) ISSUES CONCERNING IMPROVEMENT OF PATIENT CARE AND

Name of the organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
--	--

ELIMINATING DEATHS DUE TO BLADDER CANCER THROUGH COLLABORATIVE
PATIENT-ORIENTED LABORATORY AND CLINICAL RESEARCH.

(C)BCRN WILL WORK WITH THE BOARD OF DIRECTORS TO DEVELOP A FUNDRAISING
PLAN TO OBTAIN THE NECESSARY FUNDS FOR INFRASTRUCTURE TO SUPPORT ITS CORE
MISSION. THIS INCLUDES BUT IS NOT LIMITED TO ADMINISTRATIVE AND FUNDING
SUPPORT FOR TISSUE BANKING, DATABASE SUPPORT AND DIRECT FUNDING OF
RESEARCH. ANY SUCH FUNDRAISING PLANS SHALL BE SUBJECT TO THE APPROVAL OF
THE BOARD OF DIRECTORS.

SECTION 7.2BCRN MANAGEMENT COMMITTEE.

(A)THE BCRN WILL BE MANAGED BY THE BCRN MANAGEMENT COMMITTEE, WITHIN THE
SCOPE OF AUTHORITY SET FORTH IN SECTION 7.5 OR AS MAY OTHERWISE BE GRANTED
TO IT, FORM TIME TO TIME, BY THE BOARD OF DIRECTORS.

(B)THE NUMBER OF PERSONS CONSTITUTING THE ENTIRE BCRN MANAGEMENT COMMITTEE
SHALL BE THE NUMBER DETERMINED BY THE BOARD OF DIRECTORS, FROM TIME TO
TIME. THE BOARD OF DIRECTORS SHALL CONSIDER THE RECOMMENDATIONS AND ADVICE
OF THE BCRN COMMITTEE MEMBERS PRIOR TO MAKING A DETERMINATION UNDER THIS
SECTION 7.2(B).

(C)THE BOARD OF DIRECTORS SHALL APPOINT EACH PERSON (A "BCRN COMMITTEE
MEMBER") WHO WILL BE A MEMBER OF THE BCRN MANAGEMENT COMMITTEE AND SHALL
DETERMINE, FROM TIME TO TIME, THE TERM AND QUALIFICATIONS OF BCRN COMMITTEE
MEMBERS. THE BOARD OF DIRECTORS SHALL CONSIDER THE RECOMMENDATIONS AND
ADVICE OF THE BCRN COMMITTEE MEMBERS PRIOR TO MAKING A DETERMINATION AS TO
THE TERM AND QUALIFICATIONS OF BCRN COMMITTEE MEMBERS UNDER THIS SECTION
7.2(C).

(D)THE BCRN MANAGEMENT COMMITTEE SHALL BE DIVIDED INTO 2 CLASSES, WITH
SAID CLASSES TO BE AS EQUAL IN NUMBER AS MAY BE POSSIBLE. AT THE FIRST
ELECTION OR APPOINTMENT OF MEMBERS TO SUCH CLASSIFIED BCRN MANAGEMENT
COMMITTEE, EACH CLASS 1 BCRN COMMITTEE MEMBER SHALL BE ELECTED TO SERVICE

Name of the organization	BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number	20-2897110
--------------------------	--	--------------------------------	------------

UNTIL THE SECOND ENSUING ANNUAL MEETING OF THE BCRN MANAGEMENT COMMITTEE AND EACH CLASS 2 BCRN COMMITTEE MEMBER SHALL BE ELECTED TO SERVE UNTIL THE THIRD ENSUING ANNUAL MEETING OF THE BCRN MANAGEMENT COMMITTEE. FOLLOWING THE EXPIRATION OF THEIR INITIAL TERMS, BCRN COMMITTEE MEMBERS IN EACH CLASS SHALL BE ELECTED FOR TERMS OF 3 YEARS TO SUCCEED THOSE WHOSE TERMS HAVE EXPIRED. NOTWITHSTANDING ANY OF THE FOREGOING PROVISIONS OF THIS ARTICLE VII, BCRN COMMITTEE MEMBERS SHALL SERVE UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED OR UNTIL DEATH, RESIGNATION OR REMOVAL FROM OFFICE OR UNTIL THERE IS A DECREASE IN THE NUMBER OF BCRN COMMITTEE MEMBERS.

(E) THE BCRN COMMITTEE MEMBERS SHALL BE INITIALLY CONSTITUTED OF 15 MEMBERS REPRESENTING A VARIETY OF SPECIALTIES: FOUR (4) UROLOGISTS; THREE (3) MEDICAL ONCOLOGISTS; TWO (2) BASIC SCIENTISTS; ONE (1) POPULATION SCIENTIST; ONE (1) PATHOLOGIST; ONE (1) RADIATION ONCOLOGIST; TWO (2) SURVIVORS; AND ONE (1) MEMBER OF BCAN'S BOARD OF DIRECTORS. IN ADDITION, BCAN'S SAB CHAIR, THE CHAIR OF THE THINK TANK PROGRAM COMMITTEE, AND A REPRESENTATIVE OF THE NCI'S BLADDER CANCER SPORE WILL SERVE IN EX OFFICIO CAPACITIES.

(F) FOR AS LONG AS THE BCRN IS IN EXISTENCE, TWO (2) BCRN COMMITTEE MEMBERS (EXCLUDING THE BCRN COMMITTEE MEMBER WHO WAS A MEMBER OF THE BOARD OF DIRECTORS IMMEDIATELY PRIOR TO HER APPOINTMENT AS A BCRN COMMITTEE MEMBER) SHALL, BY VIRTUE OF THEIR APPOINTMENT AS A BCRN COMMITTEE MEMBER, BE DIRECTORS OF THE CORPORATION AND SHALL BE KNOWN AS THE "BCRN DIRECTORS". THE BCRN DIRECTORS WILL BE APPOINTED, AND MAY BE REMOVED AND REPLACED BY, A TWO-THIRDS MAJORITY VOTE OF THE BCRN MANAGEMENT COMMITTEE.

SECTION 7.3 RESIGNATION AND REMOVAL.

(A) A BCRN COMMITTEE MEMBER MAY RESIGN AT ANY TIME UPON WRITTEN NOTICE TO THE BCRN MANAGEMENT COMMITTEE AND THE BOARD OF DIRECTORS. SUCH RESIGNATION SHALL TAKE EFFECT AT THE LATER TIME SPECIFIED IN THE NOTICE OR THE DATE THE

Name of the organization	BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number	20-2897110
--------------------------	--	--------------------------------	------------

NOTICE IS DELIVERED TO THE BOARD OF DIRECTORS.

(B) ANY ONE OR MORE OF THE BCRN COMMITTEE MEMBERS MAY BE REMOVED FOR CAUSE AT ANY TIME BY AFFIRMATIVE VOTE OF EIGHTY PER CENT (80%) OF THE ENTIRE BOARD OF DIRECTORS.

SECTION 7.4 VACANCIES. THE BOARD OF DIRECTORS MAY AT ANY TIME APPOINT A PERSON TO BE A BCRN COMMITTEE MEMBER TO FILL A VACANCY. THE BOARD OF DIRECTORS SHALL CONSIDER THE RECOMMENDATIONS AND ADVICE OF THE BCRN MANAGEMENT COMMITTEE PRIOR TO MAKING AN APPOINTMENT UNDER THIS SECTION 7.4.

SECTION 7.5 ACTIVITIES OF THE BCRN MANAGEMENT COMMITTEE.

THE BCRN MANAGEMENT COMMITTEE IS HEREBY AUTHORIZED TO:

(A) DEVELOP, COORDINATE AND MANAGE AN ANNUAL MEETING, TO BE KNOWN AS THE BLADDER CANCER THINK TANK, HOSTED BY THE CORPORATION, TO FURTHER THE PURPOSES OF THE CORPORATION AND BCRN;

(B) DEVELOP A LIST OF BLADDER CANCER RESEARCH PRIORITIES FOR APPROVAL BY THE BOARD OF DIRECTORS;

(C) RECEIVE, REVIEW AND MAKE RECOMMENDATIONS REGARDING RESEARCH PROPOSALS TO BE ENGAGE IN BY BCRN AND/OR TO BE SUPPORTED BY BCRN; AND

(D) DO SUCH OTHER THINGS AS THE BOARD OF DIRECTORS DELEGATE TO IT, FROM TIME TO TIME.

SECTION 7.6 MEETINGS OF THE BCRN MANAGEMENT COMMITTEE.

(A) THE BCRN COMMITTEE MEMBERS SHALL MEET AT LEAST TWICE PER YEAR FOR CONDUCTING BUSINESS (AT LEAST ONE IN-PERSON MEETING), AND MAY ADJOURN OR OTHERWISE REGULATE THEIR MEETINGS IN ACCORDANCE WITH RULES AND GUIDELINES SET BY THE BOARD OF DIRECTORS FROM TIME TO TIME AS THEY THINK FIT.

(B) THE BOARD OF DIRECTORS, OR A MAJORITY OF BCRN COMMITTEE MEMBERS, MAY CONVENE MEETINGS OF THE BCRN MANAGEMENT COMMITTEE IF IT DETERMINES THAT IT IS NECESSARY OR DESIRABLE TO DO SO.

SECTION 7.7 VOTES AND QUESTIONS DECIDED BY MAJORITY FO THE BCRN MANAGEMENT

Name of the organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
---	---

COMMITTEE. A QUESTION ARISING AT A MEETING OF THE BCRN MANAGEMENT COMMITTEE SHALL BE DECIDED BY A MAJORITY OF VOTES OF THE MEMBERS PRESENT AND THAT DECISION IS FOR ALL PURPOSES A DECISION OF THE BCRN MANAGEMENT COMMITTEE.

SECTION 7.8 RESPONSIBILITIES. THE BCRN MANAGEMENT COMMITTEE SHALL:
 (A) COMPLY WITH THE VALUES AND PURPOSES OF THE CORPORATION;
 (B) PROMPTLY ADOPT A CONFLICTS OF INTEREST POLICY, IN THE FORM APPROVED BY THE BOARD OF DIRECTORS; AND
 (C) COMPLY WITH ALL POLICIES AND PROCEDURES OF THE CORPORATION.

SECTION 7.9 ACCESS TO RESOURCES. STAFF OF THE CORPORATION AND THE BOARD OF DIRECTORS WILL SUPPORT THE ACTIVITIES OF BCRN THROUGH THEIR TIME AND PROVISION OF THE CORPORATION'S RESOURCES TO THE EXTENT THE BOARD OF DIRECTORS THINKS NECESSARY OR DESIRABLE.

SECTION 7.10 TASKFORCES. THE BCRN MANAGEMENT COMMITTEE MAY ESTABLISH TASKFORCES, EACH TASKFORCE TO CONSIST OF AT LEAST ONE (1) BCRN COMMITTEE MEMBER WHO IS A LAY PERSON, TO ASSIST BCRN OR THE CORPORATION IN PROJECTS OR WITH STRATEGY DEVELOPMENTS.

SECTION 7.11 AMENDMENT. THIS ARTICLE VII MAY BE AMENDED OR REPEALED IN WHOLE OR IN PART BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OR THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER REVIEWS THE ANNUAL FORM 990 AND THE ANNUAL AUDIT WITH THE AUDITOR, AND PRESENTS BOTH TO THE BOARD OF DIRECTORS FOR APPROVAL AS BCAN'S ANNUAL AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH BOARD MEMBER, OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SIGNS A

Name of the organization BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number 20-2897110
---	---

STATEMENT WHICH AFFIRMS THEY HAVE READ AND ARE COMPLYING WITH BCAN'S CONFLICT OF INTEREST POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: TO DETERMINE APPROPRIATE COMPENSATION FOR BCAN'S EXECUTIVE DIRECTOR, THE OFFICERS ANNUALLY REVIEW THE MOST RECENTLY AVAILABLE NONPROFIT SALARY SURVEYS FOR THE DC METROPOLITAN AREA BEFORE DESIGNATING A SALARY RANGE BASED ON THE EXECUTIVE DIRECTOR'S SKILLS AND EXPERIENCE. THE PROPOSED COMPENSATION IS SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS.

BCAN'S OFFICERS DO NOT DRAW ANY SALARY, NOR DO THEY GET REIMBURSED FOR TRAVEL TO BOARD MEETINGS.

THE APPROPRIATE COMPENSATION FOR BCAN'S OTHER STAFF (CURRENTLY 1.5 FTE) IS REVIEWED AT LEAST ANNUALLY BY BCAN'S EXECUTIVE DIRECTOR. SHE REVIEWS THE MOST RECENTLY AVAILABLE NONPROFIT SALARY SURVEYS FOR THE DC METROPOLITAN AREA TO DESIGNATE A SALARY RANGE BASED ON STAFF'S SKILLS AND EXPERIENCE. THE PROPOSED COMPENSATION IS SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS EACH YEAR WHEN THEY APPROVE THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
MD, IL, CA, CT, FL, MA, MI, MO, NJ, NY, OH, PA, RI, VA, WA, GA

FORM 990, PART VI, SECTION C, LINE 19: BLADDER CANCER'S 990 AND DOCUMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST. THEY ALSO HAVE THE 990 AVAILABLE ON GUIDESTAR.ORG

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions BLADDER CANCER ADVOCACY NETWORK, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 20-2897110
	Number, street, and room or suite no. If a P.O. box, see instructions. 4915 ST ELMO AVENUE, NO. 202	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

The books are in the care of **4915 ST ELMO AVENUE, NO. 202 - BETHESDA, MD 20814**
Telephone No. **301-215-9099** FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME REQUIRED TO PREPARE AN ACCURATE AND COMPLETE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **DIRECTOR/PRESIDENT** Date

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # _____

PMT #	_____
AMT	_____
INIT	_____

Report for the Fiscal Period:

Beginning 01/01/2011

& Ending 12/31/2011
MO DAY YR

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 20-2897110

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 06/01/2005
MO DAY YR

LEGAL NAME BLADDER CANCER ADVOCACY NETWORK, INC.	Year-end amounts	
MAIL ADDRESS 4915 ST ELMO AVENUE, NO. 202	A) ASSETS	A) \$ 317,334.
CITY, STATE BETHESDA, MD	B) LIABILITIES	B) \$ 99,600.
ZIP CODE 20814	C) NET ASSETS	C) \$ 217,734.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.992%	D) \$ 771,953.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	0.008%	F) \$ 65.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 772,018.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	70.536%	H) \$ 539,859.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	70.536%	J) \$ 539,859.
K1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	3.266%	K) \$ 25,000.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	73.802%	L) \$ 564,859.
M) MANAGEMENT AND GENERAL EXPENSE	17.281%	M) \$ 132,267.
N) FUNDRAISING EXPENSE	8.916%	N) \$ 68,243.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 765,369.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: LARRY RZEPKA, EXECUTIVE DIRECTOR		T) \$ 120,517.
U) NAME, TITLE: JANET E. MCIVER, INFORMATION/OUTREACH COORDINATOR		U) \$ 25,705.
V) NAME, TITLE: GRACE E. SCHROER, MARKETING AND DEVELOPMENT COORD		V) \$ 46,167.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUBLIC		W) # 012
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>MORGAN STANLEY 1050 CONNECTICUT NW SUITE 800 WASHINGTON, DC 20036</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>THE ORGANIZATION - 301-215-9099</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

DIANE QUALE

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

MACE ROSENSTEIN

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CLINT LEHMAN

PREPARER (PRINT NAME)

SIGNATURE

DATE