EXTENDED TO NOVEMBER 15, 2021

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Second or Control of Control o	_		_	endar year, or tax year beginning		and en	ding	_				
Name change American American Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 12 FLANSBURG AVENUE C413 / 684 - 2344	B	Check if applicat	ole:	C Name of organization				D Emp	oloyer	identificatio	n numbe	r
Initial return Iterminated Iterminate	Ļ	Addr	ess change					_ ا			_	
Trian Ireturn'	Ļ	_Nam	e change				1				8	
Tarking BURG Available Country Countr	Ļ	∐Initia □ Einal	l return				Room/suite		•			
Number	Ļ	termi	inated								2344	
G Accounting Method:	Ļ	Amei	nded return					F Gro	up Exe	mption		
Website: WWW.BLADDERCANCERSUPPORT.ORG not required to attach Schedule B Tax-exempt status (check only one) X 501(c)(3) 501(c) √ (insert no.) 4947(a)(1) or 527 (form 990, 990-EZ, or 990-PF).		Applic	ation pending					4				
Tax-exempt status (check only one)								H Che	eck 🕨	\cdot X if the	organizat	tion is
Form of organization: X Corporation Trust Association Other								not	require	ed to attach	Schedule	В
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I	<u>J</u>	Tax-ex	cempt stati		4	947(a)(1)	or 527	(Fo	rm 990	, 990-EZ, or	990-PF).	
Column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 52,461.	K	orm o	of organizat	tion: X Corporation Trust Association	Other							
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)												
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 52,461. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000 6a	(columr	n (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ					\$		52,4	<u>461.</u>
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Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$			Check	if the organization used Schedule O to respond to any question in this Part I								X
Same		1	Contribut	tions, gifts, grants, and similar amounts received					1		52,4	461.
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11 Benefits paid to or for members 11		+ -	Grante an	nd similar amounts paid (list in Schedule (1)				. •			,	_ _
		1										
13 Professional fees and other payments to independent contractors 13 23, 265.	m	1										
To Transformations and data paymonts to independent confluences	Se										23.	265.
Q 114 Occupancy rent utilities and maintenance	pen	14							14			
The state of the s	Μ̈											, , , , ,
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 15 SEE SCHEDULE O 16 11,291.				publications, postage, and shipping	!E. S	CHEL	III.E O				11 :	291.
		1	-									
10.5 (15.0)(1) (2) (10.0)		+										
18 Excess or (deficit) for the year (subtract line 17 from line 9)	əts								10		-	, , , , .
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 63,831.	SS	19		= = = , , , , , , , , , , , , , , , , ,					10		63 9	221
# lee ou	∋t A	20									05,6	<u>, , , , , , , , , , , , , , , , , , , </u>
20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 0 0. 23 0. 24 0. 25 0. 26 0. 27 0. 28 0. 29 0. 20 0. 20 0. 21 0. 21 0. 24 0. 25 0. 26 0. 27 0. 27 0. 28 0. 29 0. 20 0. 20 0. 20 0. 20 0. 21 0. 21 0. 24 0. 25 0. 26 0. 27 0. 28 0. 29 0. 20 0. 20 0. 20 0. 20 0. 20 0. 21 0. 22 0. 23 0. 24 0. 25 0. 26 0. 27 0. 27 0. 28 0. 29 0. 20 0. 20 0. 20 0. 20 0. 20 0. 21 0. 24 0. 25 0. 26 0. 27 0. 28 0. 29 0. 20 0.	ž			, , , , , , , , , , , , , , , , , , , ,							64 '	766
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 64,766. LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)		_						_	۷1	Earm (

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Page 2

Pa	art II	Balance Sheets (see the instructions for Part II)					_	
		Check if the organization used Schedule O to resp	ond to any ques				[X
				(A) Beginning of year		(B) E	nd of year	
22	Cash,	savings, and investments		60,941	22		63,25	52.
23					23			
24	Other	and buildings assets (describe in Schedule 0) SEE SCHEDULE O		4,295	24		2,75	57.
25	Total	assets		65,236	25		66,00	9.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE O		1,405	26		1,24	13.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		63,831			64,76	
		Statement of Program Service Accomplishmen			1	Ex	penses	
		Check if the organization used Schedule O to resp	•	•	\mathbf{x}	(Required	for section	
Wha	it is the o	organization's primary exempt purpose? SEE SCHEDULE O		Scion in this rare in			and 501(c)(4	
		rganization's program service accomplishments for each of its three largest program		whenever in a clear and consine		others.)	ons; optional	101
		ibe the services provided, the number of persons benefited, and other relevant inform				,		
28	SEE	SCHEDULE O						
20					—			
					—			
	(Cronto	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	wanta ahaali hara	_	<u>-</u> 1	28a	35,53	13
00	(Grants	s \$) If this amount includes foreign g	rants, check here	······	\dashv	20a	33,33	, , ,
29					—			
					—			
					<u> </u>			
	(Grants	s \$) If this amount includes foreign g	rants, check here	>	\Box	29a		
30					_			
					,			
	(Grants	s \$) If this amount includes foreign g	rants, check here	>	\Box	30a		
31	Other p	orogram services (describe in Schedule O)			I			
	(Grants	s \$) If this amount includes foreign g	rants, check here	>		31a		
		program service expenses (add lines 28a through 31a)			▶	32	35,53	33 .
Pa	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each	n one even if not compensated - s	ee the i	instructions f	or Part IV)	
		Check if the organization used Schedule O to resp	ond to any que	stion in this Part IV			l	
			(b) Average hour	(-)	(d) Hea	Ith benefits,	(e) Estima	ted
		(a) Name and title	per week devoted		emplo	butions to yee benefit	amount of c	
			position	(if not paid, enter -0-)		and deferred bensation	compensat	tion
CY	NTH.	IA KINSELLA						
PR	ESII	DENT & CEO	25.00	0.		0.		0.
SA	RA Z	ANNE GARDNER, PH.D.						
		PRESIDENT	12.50	0.		0.		0.
		DICKHAUS						
		JRER & CFO	5.00	0.		0.		0.
		O KINSELLA						
		TARY/CLERK	35.00	0.		0.		0.
		DUFFY						
	REC		2.00	0.		0.		0.
	1110.		2.00	-		•		•
			ı	1			1	

Form **990-EZ** (2020)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Pari		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			,,
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	l		3,7
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			,
	on lines 2, 6a, and 7a, among others)?	35a	BT /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			.
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	00		х
27.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	36		Δ.
3/ a		37b		х
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	3/0		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	304		21
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70 a	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		
٠	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
_	by the organization O •			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ū	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed ▶ SEE SCHEDULE O			<u> </u>
	The organization's books are in care of ► EDWARD KINSELLA Telephone no. ► (413)6	84-	234	4
	Located at ▶ 12 FLANSBURG AVENUE, DALTON, MA ZIP+4 ▶ C			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ	(2020)

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40 5:111						0		res	NO
	rganization engage, directly or indirectly, in pol complete Schedule C, Part I	· -			•		46		Х
	Section 501(c)(3) Organizations	s Only					40		- 71
<u> </u>	All section 501(c)(3) organizations must a		19b and 52, an	d complete the	tables for line	es 50 and 51.			
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·		=					
			4					Yes	No
47 Did the o	rganization engage in lobbying activities or hav	ve a section 501(h) electi	on in effect durir	ng the tax year? If	"Yes," complet	e Sch. C, Part II	47		X
	ganization a school as described in section 170	, ,		-		· ·	48		Х
	rganization make any transfers to an exempt n						49a		X
	vas the related organization a section 527 orga						49b		
	e this table for the organization's five highest co						ach re	ceived	more
than \$10	0,000 of compensation from the organization.	If there is none, enter "N	one."						
	(a) Name and title of each employee		(b) Average		Reportable pensation (Forms	(d) Health benefit contributions to	1 1	e) Estim	
			per week dev positio	voicu io w	2/1099-MISC)	employee benefit plans, and deferre		ount of mpens	
	NON	E	positio	""		compensation	- 00	препа	ation
							4		
							+		
							+		
							-		
f Total nur	mber of other employees paid over \$100,000					1			
	e this table for the organization's five highest co			o each received m	ore than \$100	000 of compane	ation f	rom the	1
	tion. If there is none, enter "None." NON		i contractors win	o cacii receivea iii	iore triair wroo	,000 or compens	ation i	וטווו נוונ	,
	Name and business address of each independe			(h) Type	of service	(c)	Comp	ensatio	1
	'			(/ 31					
d Total nur	mber of other independent contractors each red	ceiving over \$100,000							
52 Did the o	rganization complete Schedule A? Note: All se	ction 501(c)(3) organiza	tions must attach	n a		-		_	_
	ed Schedule A						XΥ		No
•	s of perjury, I declare that I have examined this				•	•	lge an	d belief	, it is
rue, correct, a	nd complate. Declaration of preparar (other tha	an officer) is based on all	information of v	vhich preparer has	s any knowledg				
	Signature of officer					30 AUC	<u> 20</u>	<u>21 </u>	
Sign / Here	g	100 0 0 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1	7D #			Dute			
nere	EDWARD KINSELLA, SE Type or print name and title	CRETARY/CLI	SKK						
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viay uit iko (il	scuss this return with the preparer shown above	ve: 555 msu ucuons						es <u> </u>	
							OHIII	730-EZ	(2020

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN BLADDER CANCER SOCIETY **Employer identification number** 26-1823498

Pa	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch					I)(A)(i).		
2		A school described in sect i							
3		A hospital or a cooperative					i).		
4		A medical research organiz						the hospital's name.	
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III	
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)		
6	X	A federal, state, or local gov						nublic described in	
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \				
8		A community trust describe						a alla ma	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or	
40		university:	. (4)						
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11		•	•	•	-				
12		An organization organized a		•	=		•		
		more publicly supported or	~					neck the box in	
_		lines 12a through 12d that	* *			-	_	. at ta	
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•			
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting	
		organization. You must o							
b			•					-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea	
		organization(s). You mus	-					1 20	
С		☐ Type III functionally inte					• •	ed with,	
		its supported organization		•					
d		☐ Type III non-functionally						` '	
		that is not functionally int	•	•	•		•	iveness	
		requirement (see instruct	· ·	-					
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.			
Т		er the number of supported o	•						
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))					
Γ∩t:	al								

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	90,536.	56,671.	78,169.	78,193.	52,461.	356,030.
2	Tax revenues levied for the organ-						
	ization'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	90,536.	56,671.	78,169.	78,193.	52,461.	356,030.
	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)						78,770.
6	Public support. Subtract line 5 from line 4.						277,260.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	90,536.	56,671.	(c) 2018 78, 169.	78,193.	ŠŹ,461.	(f) Total 356,030.
	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						356,030.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11, o	column (f))		14	77.88 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	70.58 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	ū				•	10% or
	more, and if the organization meets the		*				. —
	organization meets the facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
ocquired ofter June 20, 1075						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b						
activities not included in line 10b,						
whether or not the business is						
regularly carried on					-	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
						<u></u> ▶∟
Section C. Computation of Public						
15 Public support percentage for 2020 (lin					15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	9/
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
· a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations /continue	<u>~</u>	0-1023490 Page 7
	on D - Distributions	(u)(o) cupperang org	COMMINUE	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	Our one rour
2	Amounts paid to perform activity that directly furthers exemple			•	
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	6	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

SCHEDULE 0

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN BLADDER CANCER SOCIETY

Employer identification number 26-1823498

DESCRIPTION OF OWNER TWENTERS		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
COMMUNICATIONS		2,178.
MEETINGS		92.
INSURANCE		478.
MISCELLANEOUS		1,689.
OPERATIONS		1,189.
SOFTWARE AND HARDWARE		496.
BUSINESS REGISTRATION FEES		2,167.
WEBSITE/SNS SERVER		2,895.
INFRASTRUCTURE		107.
TOTAL TO FORM 990-EZ, LINE 16		
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION		
PLEDGES RECEIVABLE		
OTHER DEPRECIABLE ASSETS		
TOTAL TO FORM 990-EZ, LINE 24		
·	·	·
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITI	ES:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD PAYABLE	1,205.	1,243.
ACCOUNTS PAYABLE	200.	0.
TOTAL TO FORM 990-EZ, LINE 26	1,405.	1,243.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE AMERICAN BLADDER

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

Schedule O (Form 990 or 990-EZ) 2020

MEDICAL CONSUMERISM.

Name of the organization

Employer identification number

AMERICAN BLADDER CANCER SOCIETY 26-1823498

CANCER SOCIETY'S FUNCTION IS TO RAISE AWARENESS OF BLADDER CANCER AMONG

THE GENERAL PUBLIC AND THE MEDICAL COMMUNITY, TO ADVOCATE FOR THE

ADVANCE OF RESEARCH INTO A CURE, TREATMENT, EARLY DIAGNOSIS AND QUALITY

OF LIFE ISSUES OF SURVIVORS, TO SUPPORT BLADDER CANCER SURVIVORS BY

PROVIDING COMMUNITY AS WELL AS BY ENCOURAGING THE CONCEPT OF INFORMED

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

RAISE AWARENESS OF BLADDER CANCER AMONG THE PUBLIC AND THE

MEDICAL COMMUNITY. THE ORGANIZATION'S WEBSITE/SOCIAL

NETWORKING SITE (SNS) IS AVAILABLE "24/7/365" AS A SOURCE

OF SUPPORT FOR SURVIVORS, CAREGIVERS, AND ANYONE INTERESTED IN LEARNING

MORE ABOUT THIS OFTEN OVERLOOKED DISEASE. OUR FORUM ALLOWS USERS TO

POST ON A VARIETY OF TOPICS AND OTHERS CAN PROVIDE RESPONSES. THE

FORUM CONTAINS OVER 54,500 USER POSTS FROM A COMMUNITY OF OVER 6,800

USERS.

FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY OF FORM 990-EZ:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NC, OR, RI, SC, TN, UT, VA

WV, WI

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.