

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	AMERICAN BLADDER CANCER SOCIETY 12 FLANSBURG AVENUE DALTON, MA 01226-1409
Prepared by	ADELSON & COMPANY PC 100 NORTH STREET PITTSFIELD, MA 01201
Amount due or refund	BALANCE DUE OF \$35.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT: WWW.MASS.GOV/AGO/EPAY ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC BEFORE FILING. WRITE THE ELECTRONIC CONFIRMATION # ON PAGE 1 OF FORM PC.

**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/18 to 12/31/18Attorney General's Account #: 049797Federal ID #: 26-1823498Electronic Payment Confirmation #: 283045When did the organization first engage in charitable work in Massachusetts? 02/26/2008Has the organization applied for or been granted IRS tax exempt status? Yes NoIf yes, date of application OR date of determination letter: 03/24/2009IRS Exemption under 501(c): 3If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No**Check all items attached
(if applicable)**

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization DataName: AMERICAN BLADDER CANCER SOCIETYMailing Address: 12 FLANSBURG AVENUECity: DALTON State: MA ZIP: 01226-1409Phone Number: (413) 684-2344 Fax Number: _____Email: _____ Website: WWW.BLADDERCANCERSUPPORT.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	2	Organization Purpose Code 1	20
Type of Organization (Table 2)	16	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 02/25/2008
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	78,169.
B.	Gross support and revenue	78,169.
C.	Program services and similar amounts paid out	30,407.
D.	Fundraising expenses	2,651.
E.	Management and general expenses	15,129.
F.	Payments to affiliates	0.
G.	Total expenses	48,187.
H.	Net assets or fund balances at the end of the year	45,253.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	NONE				
2.					
3.					
4.					
5.					

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	INSPIRY MEDIA	11,940.	WEBSITE
2.	JUMPFly	6,000.	ADVERTISING MANAGEMENT
3.	ADELSON & COMPANY PC	2,849.	ACCOUNTING
4.	SITEGROUND HOSTING	2,484.	WEB HOSTING
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
TD BANK	660 MERRILL RD, PITTSFIELD, MA 01201	(413) 499-7687
BERKSHIRE BANK	99 NORTH STREET, PITTSFIELD, MA 01201	(413) 443-5601

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: EDWARD KINSELLA

Street Address: 12 FLANSBURG AVENUE

City: DALTON State: MA ZIP Code: 01266

Phone Number: (413) 684-2344

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 4

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

FORM PC NAME, ADDRESS, PHONE OF OTHER OFFICES STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

EDWARD KINSELLA
579 SOUTH STREET
DALTON, MA 01226-1723

(413) 446-7487

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2

NAME AND ADDRESS

TITLE

CYNTHIA KINSELLA
579 SOUTH STREET
DALTON, MA 01226

PRESIDENT & CEO

SARA ANNE GARDNER, PH.D.
525 SE MARION ST. #14
PORTLAND, OR 97202

VICE PRESIDENT

DAVE DICKHAUS
129 ELAINE DRIVE
PITTSFIELD, MA 01201

TREASURER & CFO

EDWARD KINSELLA
579 SOUTH STREET
DALTON, MA 01226

SECRETARY/CLERK

SALLY DUFFY
466 SIPPEWISSETT ROAD
FALMOUTH, MA 02540

DIRECTOR

NAME AND ADDRESS	AREA OF RESPONSIBILITY
DAVE DICKHAUS 129 ELAINE DRIVE PITTSFIELD, MA 01201	RESPONSIBLE FOR CUSTODY OF FUNDS
CYNTHIA KINSELLA 579 SOUTH STREET DALTON, MA 01226	RESPONSIBLE FOR CUSTODY OF FUNDS
EDWARD KINSELLA 579 SOUTH STREET DALTON, MA 01226	RESPONSIBLE FOR CUSTODY OF FUNDS
DAVE DICKHAUS 129 ELAINE DRIVE PITTSFIELD, MA 01201	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
CYNTHIA KINSELLA 579 SOUTH STREET DALTON, MA 01226	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
EDWARD KINSELLA 579 SOUTH STREET DALTON, MA 01226	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
DAVE DICKHAUS 129 ELAINE DRIVE PITTSFIELD, MA 01201	RESPONSIBLE FOR FUNDRAISING
CYNTHIA KINSELLA 579 SOUTH STREET DALTON, MA 01226	RESPONSIBLE FOR FUNDRAISING
EDWARD KINSELLA 579 SOUTH STREET DALTON, MA 01226	RESPONSIBLE FOR FUNDRAISING
SARA ANNE GARDNER 525 SE MARION ST. #14 PORTLAND, OR 97202	RESPONSIBLE FOR FUNDRAISING
SALLY DUFFY 466 SIPPEWISSETT ROAD FALMOUTH, MA 02540	RESPONSIBLE FOR FUNDRAISING
EDWARD KINSELLA 579 SOUTH STREET DALTON, MA 01226	CUSTODY OF FINANCIAL RECORDS

DAVE DICKHAUS
129 ELAINE DRIVE
PITTSFIELD, MA 01201

AUTHORIZED TO SIGN CHECKS

CYNTHIA KINSELLA
579 SOUTH STREET
DALTON, MA 01226

AUTHORIZED TO SIGN CHECKS

EDWARD KINSELLA
579 SOUTH STREET
DALTON, MA 01226

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 4

<u>STATE</u>	<u>REG AGENCY</u>
DISTRICT OF COLUMBIA	DEPARTMENT OF CONSUMER AND REGULAT

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/13/14	4002140001	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
ALABAMA	OFFICE OF THE ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/20/13	AL13-386	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
UTAH	DEPARTMENT OF COMMERCE DIVISION OF

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
03/05/14	8966608-CH	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NEVADA	SECRETARY OF STATE

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
03/31/14	E015689201	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>		<u>REG AGENCY</u>
ARKANSAS		OFFICE OF THE ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/02/13		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
CALIFORNIA		DEPARTMENT OF JUSTICE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/20/13	CT0196841	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
HAWAII		DEPARTMENT OF THE ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/28/13		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
NEW HAMPSHIRE		ATTORNEY GENERAL DEPARTMENT OF JUS
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/08/13	19827	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>	<u>REG AGENCY</u>
NEW YORK	OFFICE OF THE ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/22/13	43-78-33	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NORTH CAROLINA	DEPARTMENT OF THE SECRETARY OF STA

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/19/13	SL008176	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
OHIO	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/26/13		

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
OREGON	DEPARTMENT OF JUSTICE

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/06/13	45824	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>		<u>REG AGENCY</u>
SOUTH CAROLINA		OFFICE OF THE SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/21/13	P25287	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
VIRGINIA		DEPARTMENT OF AGRICULTURE AND CONS
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
08/19/13		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
WEST VIRGINIA		OFFICE OF THE SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/07/13		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
KANSAS		SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/28/13	473-016-4	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
FLORIDA		DEPARTMENT OF AGRICULTURE AND CONS
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/19/13	CH38887	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
GEORGIA		CHARITIES DIVISION OFFICE OF SECRE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/28/13	CH010626	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
ILLINOIS		OFFICE OF THE ATTORNEY GENERAL CHA
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
01/17/14	CO 0106616	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
MARYLAND		OFFICE OF THE SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
08/29/13	25082	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>	<u>REG AGENCY</u>
NEW JERSEY	OFFICE OF THE ATTORNEY GENERAL DIV

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
10/28/13	CH3639500	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NEW MEXICO	ATTORNEY GENERAL - REGISTRY OF CHA

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/10/13	26-1823498	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
TENNESSEE	DIVISION OF CHARITABLE SOLICITATIO

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/19/13	CO20072	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
MICHIGAN	DEPARTMENT OF ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/28/13	MICS 49740	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>		<u>REG AGENCY</u>
MISSISSIPPI		SECRETARY OF STATE'S OFFICE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/19/13	100020499	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
MINNESOTA		OFFICE OF THE ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
08/02/13		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
OKLAHOMA		OFFICE OF THE SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/29/13	150576882	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
WISCONSIN		DEPARTMENT OF FINANCIAL INSTITUTIO
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/21/13	13343-800	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
COLORADO		OFFICE OF THE SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
05/17/13	2013301628	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
ALASKA		DEPARTMENT OF LAW
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
05/29/13		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
MISSOURI		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
08/05/13	CO-265-13	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
NORTH DAKOTA		SECRETARY OF STATE
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
03/07/14	13008	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
RHODE ISLAND		DEPARTMENT OF BUSINESS REGULATION
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
09/11/13	CO.9900117	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
PENNSYLVANIA		DEPARTMENT OF STATE - BUREAU OF CO
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/17/13	101007	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
KENTUCKY		OFFICE OF THE ATTORNEY GENERAL CIV
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
09/02/13	9283	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
CONNECTICUT		DEPARTMENT OF CONSUMER PROTECTION
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
05/30/13	CHR.005720	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

STATE

REG AGENCY

MAINE

DEPARTMENT OF PROFESSIONAL & FINAN

DATE OF REG	REG NUMBER	OTHER NAMES USED
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07/23/13	CO10396	
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SOLICIT DATE	TYPE OF SOLICITATION
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	INTERNET
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STATE

REG AGENCY

WASHINGTON

SECRETARY OF STATE - CHARITIES PRO

DATE OF REG	REG NUMBER	OTHER NAMES USED
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05/29/13	34524	
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SOLICIT DATE	TYPE OF SOLICITATION
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	INTERNET
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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: EDWARD KINSELLA

Title: SECRETARY/CLERK

Name of Preparer: ADELSON & COMPANY PC

Address 100 NORTH STREET

City PITTSFIELD State MA ZIP Code 01201

Phone Number 413-443-6408

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DAVE DICKHAUS

Name and Title: TREASURER/CFOAddress 129 ELAINE DRIVECity PITTSFIELDState MAZIP Code 01201

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEOAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01226

EDWARD KINSELLA

Name and Title: SECRETARY/CLERKAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01226

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DAVE DICKHAUS

Name and Title: TREASURER/CFOAddress 129 ELAINE DRIVECity PITTSFIELDState MAZIP Code 01201

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEOAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01266

EDWARD KINSELLA

Name and Title: SECRETARY/CLERKAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01266

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DAVE DICKHAUS

Name and Title: TREASURER/CFOAddress 129 ELAINE DRIVECity PITTSFIELDState MAZIP Code 01201

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEOAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01266

EDWARD KINSELLA

Name and Title: SECRETARY/CLERKAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01266

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DAVE DICKHAUS

Name and Title: TREASURER/CFOAddress 129 ELAINE DRIVECity PITTSFIELDState MAZIP Code 01201

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEOAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01266

EDWARD KINSELLA

Name and Title: SECRETARY/CLERKAddress 579 SOUTH STREETCity DALTONState MAZIP Code 01266

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: EDWARD KINSELLA

Title: SECRETARY/CLERK

Signature: _____ Date: _____

Printed Name: CYNTHIA KINSELLA

Title: PRESIDENT & CEO

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

2018

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning and ending

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

C Name of organization
AMERICAN BLADDER CANCER SOCIETY
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
12 FLANSBURG AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
DALTON, MA 01226-1409

D Employer identification number
26-1823498

E Telephone number
(413) 684-2344

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.BLADDERCANCERSUPPORT.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If 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 ▶ \$ **78,169.**

Part I 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 <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	78,169.
	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	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,169.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	21,956.
	14 Occupancy, rent, utilities, and maintenance	14	9,615.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	16,616.
17 Total expenses. Add lines 10 through 16	17	48,187.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,982.
	19 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	15,271.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,253.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	11,194.	22	41,865.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	5,886.	24	5,091.
25 Total assets	17,080.	25	46,956.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,809.	26	1,703.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,271.	27	45,253.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		30,407.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		30,407.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CYNTHIA KINSELLA PRESIDENT & CEO	25.00	0.	0.	0.
SARA ANNE GARDNER, PH.D. VICE PRESIDENT	12.50	0.	0.	0.
DAVE DICKHAUS TREASURER & CFO	5.00	0.	0.	0.
EDWARD KINSELLA SECRETARY/CLERK	35.00	0.	0.	0.
SALLY DUFFY DIRECTOR	2.00	0.	0.	0.

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 Part V [X]

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 O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a 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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed SEE SCHEDULE O
42a The organization's books are in care of EDWARD KINSELLA Telephone no. (413) 684-2344 Located at 12 FLANSBURG AVENUE, DALTON, MA ZIP + 4 01226-1409
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).
42c At any time during the calendar year, did the organization maintain an office outside the United States? 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
	49a	X
	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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: **EDWARD KINSELLA, SECRETARY/CLERK** Date: _____

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID M IRWIN CPA	<i>David M Irwin</i>	10/09/19		P01435826
	Firm's name ▶ ADELSON & COMPANY PC	Firm's address ▶ 100 NORTH STREET PITTSFIELD, MA 01201		Firm's EIN ▶ 20-5711238	Phone no. 413-443-6408

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

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.

2018

Open to Public Inspection

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

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

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

- 1-12: Selection criteria for public charity status. Box 7 is checked (X). Includes categories for church, school, hospital, medical research, governmental unit, etc.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,919.	49,524.	90,536.	56,671.	78,169.	311,819.
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	36,919.	49,524.	90,536.	56,671.	78,169.	311,819.
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)						125,740.
6 Public support. Subtract line 5 from line 4.						186,079.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	36,919.	49,524.	90,536.	56,671.	78,169.	311,819.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						311,819.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	59.68 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	46.22 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
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.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization AMERICAN BLADDER CANCER SOCIETY	Employer identification number 26-1823498
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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
COMMUNICATIONS	2,189.
DUES & SUBSCRIPTIONS	365.
MEETINGS	609.
INSURANCE	444.
MISCELLANEOUS	1,528.
OPERATIONS	1,961.
SOFTWARE AND HARDWARE	1,718.
BUSINESS REGISTRATION FEES	2,381.
WEBSITE/SNS SERVER	5,421.
TOTAL TO FORM 990-EZ, LINE 16	16,616.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	3,259.	3,007.
OTHER DEPRECIABLE ASSETS	2,627.	2,084.
TOTAL TO FORM 990-EZ, LINE 24	5,886.	5,091.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD PAYABLE	1,775.	1,666.
ACCOUNTS PAYABLE	34.	37.
TOTAL TO FORM 990-EZ, LINE 26	1,809.	1,703.

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) (2018)

832211 10-10-18

Name of the organization

AMERICAN BLADDER CANCER SOCIETY

Employer identification number

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 MEDICAL CONSUMERISM.

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. DURING CY 2018, OVER 160,800 VISITS WERE MADE TO OUR WEBSITE/SNS, A DAILY AVERAGE OF JUST OVER 440. OUR FORUM ALLOWS USERS TO POST ON A VARIETY OF TOPICS AND OTHERS CAN PROVIDE RESPONSES. THE FORUM CONTAINS OVER 50,900 USER POSTS FROM A COMMUNITY OF OVER 7,800 USERS.

FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY OF FORM 990-EZ: AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NC, OR, RI, SC, TN, 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.