

AMERICAN BLADDER CANCER SOCIETY
12 FLANSBURG AVENUE
DALTON, MA 01226-1409

NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

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: 01/01/21 to 12/31/21AG Account #: 049797 Federal ID #: 26-1823498Electronic Payment Confirmation #: 226004
*Attach printout of electronic payment confirmation.*Electronic Payment Date: 14 AUG 2022When did the organization first engage in
charitable work in Massachusetts? 02/25/2008Has 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**Organization Data**Name: 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: **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

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 "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	87,289.
B.	Gross support and revenue	87,289.
C.	Program services and similar amounts paid out	65,972.
D.	Fundraising expenses	2,415.
E.	Management and general expenses	16,189.
F.	Payments to affiliates	0.
G.	Total expenses	84,576.
H.	Net assets or fund balances at the end of the year	67,479.

- 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	9,600.	WEBSITE
2.	JUMPFly	6,000.	ADVERTISING MANAGEMENT
3.	ADELSON & COMPANY PC	2,500.	ACCOUNTING
4.	SITEGROUND HOSTING	1,150.	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: 399 MAIN STREET

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. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i> <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 yes 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
EDWARD KINSELLA 579 SOUTH STREET DALTON, MA 01226	TREASURER & SECRETARY/CLERK
SALLY DUFFY 466 SIPPEWISSETT ROAD FALMOUTH, MA 02540	DIRECTOR

NAME AND ADDRESS

AREA OF RESPONSIBILITY

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

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

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

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	

STATE NEW JERSEY REG AGENCY OFFICE OF THE ATTORNEY GENERAL DIV

DATE OF REG 10/28/13 REG NUMBER CH3639500 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATE NEW MEXICO REG AGENCY ATTORNEY GENERAL - REGISTRY OF CHA

DATE OF REG 06/10/13 REG NUMBER 26-1823498 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATE TENNESSEE REG AGENCY DIVISION OF CHARITABLE SOLICITATIO

DATE OF REG 06/19/13 REG NUMBER CO20072 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATE MICHIGAN REG AGENCY DEPARTMENT OF ATTORNEY GENERAL

DATE OF REG 06/28/13 REG NUMBER MICS 49740 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATEREG AGENCY

MISSISSIPPI

SECRETARY OF STATE'S OFFICE

DATE OF REGREG NUMBEROTHER NAMES USED

07/19/13

100020499

SOLICIT DATETYPE OF SOLICITATION

INTERNET

STATEREG AGENCY

MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

DATE OF REGREG NUMBEROTHER NAMES USED

08/02/13

SOLICIT DATETYPE OF SOLICITATION

INTERNET

STATEREG AGENCY

OKLAHOMA

OFFICE OF THE SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

07/29/13

150576882

SOLICIT DATETYPE OF SOLICITATION

INTERNET

STATEREG AGENCY

WISCONSIN

DEPARTMENT OF FINANCIAL INSTITUTIO

DATE OF REGREG NUMBEROTHER NAMES USED

06/21/13

13343-800

SOLICIT DATETYPE OF SOLICITATION

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	

<u>STATE</u>	<u>REG AGENCY</u>
MAINE	DEPARTMENT OF PROFESSIONAL & FINAN

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/23/13	CO10396	

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

<u>STATE</u>	<u>REG AGENCY</u>
WASHINGTON	SECRETARY OF STATE - CHARITIES PRO

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
05/29/13	34524	

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

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 or 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: Edward J. Kinsella Date: 11 AUG 2022

Printed Name: EDWARD KINSELLA

Title: TREASURER & 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:

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEO

Address 579 SOUTH STREET

City DALTON

State MA

ZIP Code 01226

EDWARD KINSELLA

Name and Title: TREASURER & SECRETARY/CLERK

Address 579 SOUTH STREET

City DALTON

State MA

ZIP Code 01226

Name and Title:

Address

City

State

ZIP Code

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

Name and Title:

Address

City

State

ZIP Code

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEO

Address 579 SOUTH STREET

City DALTON

State MA

ZIP Code 01266

EDWARD KINSELLA

Name and Title: TREASURER & SECRETARY/CLERK

Address 579 SOUTH STREET

City DALTON

State MA

ZIP 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:

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEO

Address 579 SOUTH STREET

City DALTON

State MA

ZIP Code 01266

EDWARD KINSELLA

Name and Title: TREASURER & SECRETARY/CLERK

Address 579 SOUTH STREET

City DALTON

State MA

ZIP Code 01266

Name and Title:

Address

City

State

ZIP Code

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

Name and Title:

Address

City

State

ZIP Code

CYNTHIA KINSELLA

Name and Title: PRESIDENT/CEO

Address 579 SOUTH STREET

City DALTON

State MA

ZIP Code 01266

EDWARD KINSELLA

Name and Title: TREASURER & SECRETARY/CLERK

Address 579 SOUTH STREET

City DALTON

State MA

ZIP 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: Edward J. Kinsella Date: 11 AUG 2022

Printed Name: EDWARD KINSELLA

Title: TREASURER & SECRETARY/CLERK

Signature: Cynthia D. Kinsella Date: 11 AUG 2022

Printed Name: CYNTHIA KINSELLA

Title: PRESIDENT & CEO