

**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: 01/01/16 to 12/31/16Attorney General's Account #: 049797Federal ID #: 26-1823498

Electronic Payment Confirmation #: _____

When 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: 399 MAIN STREETCity: DALTON State: MA ZIP: 01226Phone 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.

1. On what date was the organization created? 02/26/2008

2. Where was the organization created? MASSACHUSETTS

3. 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): _____

4. 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	90,536.
B.	Gross support and revenue	90,536.
C.	Program services and similar amounts paid out	31,751.
D.	Fundraising expenses	2,635.
E.	Management and general expenses	15,300.
F.	Payments to affiliates	0.
G.	Total expenses	49,686.
H.	Net assets or fund balances at the end of the year	2,350.

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.					

7. 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.	BCS WEBSITE SERVICES	9,142.	WEBSITE
2.	KINSEY STREET	6,600.	GRANT MANAGEMENT
3.	ADELSON & COMPANY PC	2,596.	ACCOUNTING
4.	NETWORK FOR GOOD	1,170.	FUNDRAISING
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

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 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

STATE		REG AGENCY
DISTRICT OF COLUMBIA		DEPARTMENT OF CONSUMER AND REGULAT
DATE OF REG	REG NUMBER	OTHER NAMES USED
04/13/14	4002140001	
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE		REG AGENCY
ALABAMA		OFFICE OF THE ATTORNEY GENERAL
DATE OF REG	REG NUMBER	OTHER NAMES USED
06/20/13	AL13-386	
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE		REG AGENCY
UTAH		DEPARTMENT OF COMMERCE DIVISION OF
DATE OF REG	REG NUMBER	OTHER NAMES USED
03/05/14	8966608-CH	
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE		REG AGENCY
NEVADA		SECRETARY OF STATE
DATE OF REG	REG NUMBER	OTHER NAMES USED
03/31/14	E015689201	
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE REG AGENCY
ARKANSAS OFFICE OF THE ATTORNEY GENERAL

DATE OF REG REG NUMBER OTHER NAMES USED
07/02/13

SOLICIT DATE TYPE OF SOLICITATION
INTERNET

STATE REG AGENCY
CALIFORNIA DEPARTMENT OF JUSTICE

DATE OF REG REG NUMBER OTHER NAMES USED
06/20/13 CT0196841

SOLICIT DATE TYPE OF SOLICITATION
INTERNET

STATE REG AGENCY
HAWAII DEPARTMENT OF THE ATTORNEY GENERAL

DATE OF REG REG NUMBER OTHER NAMES USED
06/28/13

SOLICIT DATE TYPE OF SOLICITATION
INTERNET

STATE REG AGENCY
NEW HAMPSHIRE ATTORNEY GENERAL DEPARTMENT OF JUS

DATE OF REG REG NUMBER OTHER NAMES USED
07/08/13 19827

SOLICIT DATE TYPE OF SOLICITATION
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	

STATE FLORIDA REG AGENCY DEPARTMENT OF AGRICULTURE AND CONS

DATE OF REG 06/19/13 REG NUMBER CH38887 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATE GEORGIA REG AGENCY CHARITIES DIVISION OFFICE OF SECRE

DATE OF REG 06/28/13 REG NUMBER CH010626 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATE ILLINOIS REG AGENCY OFFICE OF THE ATTORNEY GENERAL CHA

DATE OF REG 01/17/14 REG NUMBER CO 0106616 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION INTERNET

STATE MARYLAND REG AGENCY OFFICE OF THE SECRETARY OF STATE

DATE OF REG 08/29/13 REG NUMBER 25082 OTHER NAMES USED _____

SOLICIT DATE _____ TYPE OF SOLICITATION 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>
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	

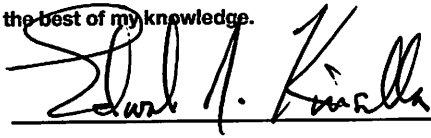
24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver 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: 31 MAR 2017

Printed Name: EDWARD KINSELLA

Title: SECRETARY/CLERK

Name of Preparer: ADELSON & COMPANY PC

Address 100 NORTH ST

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"/>

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

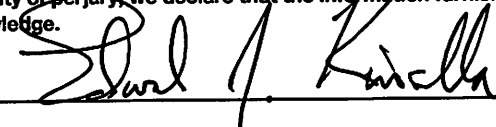
EDWARD KINSELLA

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

Certification by Organization

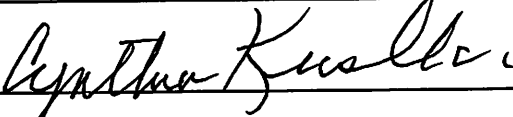
Two different signatures required. Signers must be organization president or other authorized officer or trustee.

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: 31 MAR 2017

Printed Name: EDWARD KINSELLA

Title: SECRETARY/CLERK

Signature:  Date: 31 MAR 2017

Printed Name: CYNTHIA KINSELLA

Title: PRESIDENT & CEO