efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493347004147 OMB No 1545-0047

foundations)

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

100 and the instructions is at www IRS apv/form99

		f the Treasur nue Service	► Information abo	ut Form 990 and its instructions is at www.	w IRS gov/	form990	0	pen to Public Inspection	
\ Fo	or the	e 2016 c <u>a</u>	alendar year, or tax year begi	nning 07-01-2016 , and ending 06-3	0-2017				
3 Check if applicable ☐ Address change ☐ Name change ☐ Initial return Final ☐eturn/terminated ☐ Amended return ☐ Application pending			C Name of organization BEVERLY BOOTSTRAPS COMMUNITY SERVICES INC			D Employer identification number 04-3254507			
			Doing business as						
			Number and street (or P O box if mail is not delivered to street address) Room/suite			E Telephone	E Telephone number		
			35 PARK STREET			(978) 927-1561			
			City or town, state or province, country, and ZIP or foreign postal code BEVERLY, MA 01915			G Gross receipts \$ 3,147,492			
			SUSAN E GABRIEL			this a group retu	rn for		
			BEVERLY, MA 01915 H(b) Are a			ibordinates? e all subordinate:	s	□Yes ☑No □Yes □No	
Tax	k-exen	npt status	·	(insert no) 4947(a)(1) or 527	1	cluded? "No," attach a lis	t (see i		
W	ebsit	e: • WW	W BEVERLYBOOTSTRAPS ORG	(1	roup exemption n	•	•	
(Forn	n of or	ganization	✓ Corporation ☐ Trust ☐ Ass	ociation Other	L Year of fo		M State o	f legal domicile	
Pa	rt I	Sumn	mary			L			
ACTIVILIES & GOVERNAMOE	2 3 4 5	Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)							
1	l	6 Total number of volunteers (estimate if necessary)					6	286	
	· ` ` ''						7a 7b	0	
		Tite differen	ated business taxable income no		<u> </u>	Prior Year		Current Year	
or Expenses Revenue	8	Contributi	ions and grants (Part VIII, line 1	h)		1,932,41	+	1,703,454	
	l	_	, , , , , , , , , , , , , , , , , , , ,				17	6,485	
	l		nt income (Part VIII, column (A)			2,590 -120,382			
	l		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				207 868,569 116 2,458,126		
	_		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,656,116 ants and similar amounts paid (Part IX, column (A), lines 1–3)					83,037	
	l		efits paid to or for members (Part IX, column (A), line 4)					03,037	
	l		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)				55	1,178,026	
	16a	Profession	ional fundraising fees (Part IX, column (A), line 11e)			26,00	0	0	
	l		draising expenses (Part IX, column (D), line 25) ▶206,930						
	l	·	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			1,517,25	_	1,520,893	
	l		spenses Add lines 13–17 (must equal Part IX, column (A), line 25) e less expenses Subtract line 18 from line 12			2,794,79 -138,68	-	2,781,956 -323,830	
		<u>'</u>				ning of Current Yea		End of Year	
Net Assets or Fund Balances			otal assets (Part X, line 16)						
	l		ssets (Part X, line 16)				+	5,033,624	
	l		sets or fund balances Subtract line 21 from line 20			2,303,39 3,649,91	+	1,716,435 3,317,189	
	22		ature Block	21 110111 111110 20		3,043,31	. 7	3,317,103	
Inder nowl	pena	alties of pe and belief	erjury, I declare that I have exan	nined this return, including accompanying e Declaration of preparer (other than offi					
		*****	:			2017-11-14			
Sign		Signatu	re of officer Date						
lere			E GABRIEL EXECUTIVE DIRECTOR						
		17	r print name and title	I Duna annula annu		T ==	TNI		
Paid Preparer						Check 🗹 if P0			
		Ser Fil				self-employed Firm's EIN ▶ 04-33	elf-employed Irm's EIN ▶ 04-3395132		
		₹ 1					2-9900		
	<u></u>	- 7	BEVERLY, MA 01915						
/lay t	he IR	S discuss t	this return with the preparer sho	own above? (see instructions)			✓ Y	es 🗆 No	