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Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax 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/Form990 for instructions and the latest information.

OMB No. 1545-0047

AI	For th	e 2018 calendar year, or tax year beginning and	ending		
B	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	pe Doing business as		04-3	395307
	Initial return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			617-	929-0925
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	419,760.
	Amen	DORCHESIER, MA 02124		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: I AOL MALINETED		for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) = 300000000000000000000000000000000000$	or 527		list. (see instructions)
		te: ► TBPM.ORG	1	H(c) Group exemption	
	orm of	f organization: X Corporation Trust Association Other ► Summary	L Year		State of legal domicile: MA
Г		Briefly describe the organization's mission or most significant activities: ENGA	<u></u>	CUBODS AND	
S	1	TO BUILD AND NURTURE STRONG COMMUNITIES	CHARAC	TERIZED BY (
Governance	2	Check this box			
ver	3				4 <u>4</u>
ဗီ		Number of independent voting members of the governing body (Fart VI, line 1a)			3
s S		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			31
itie		Total number of volunteers (estimate if necessary)		·····	0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		······	0.
A		Net unrelated business taxable income from Form 990-T, line 38			0.
		,		Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		331,966.	403,260.
Revenue	9	Program service revenue (Part VIII, line 2g)		35,325.	16,500.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		367,291.	419,760.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		257,869.	308,877.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 51,7		100.000	100.004
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,880.	129,934.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		450,749.	438,811.
	19	Revenue less expenses. Subtract line 18 from line 12		-83,458.	-19,051.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Ssei	20	Total assets (Part X, line 16)	······	169,940.	68,731.
et A nd F	21	Total liabilities (Part X, line 26)		24,736.	32,253.
		Net assets or fund balances. Subtract line 21 from line 20		145,204.	36,478.
Pa	art II	Signature Block			

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 PAUL MALKEMES, PRESIDE Type or print name and title	ENT	Date
	Print/Type preparer's name	Preparer's signature	Date Check DTIN
Paid	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA	09/12/19 ^{if} p01340068
Preparer	Firm's name 🕒 KEVIN P MARTIN A	ASSOCIATES, P.C.	Firm's EIN ► 04-3097400
Use Only	Firm's address 10 FORBES WEST		
	BRAINTREE, MA 02	2184	Phone no. (781)380-3520
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) THE BOSTON PROJECT MINISTRIES, INC. 04-3395307 Page
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III [
	Briefly describe the organization's mission: ENGAGE NEIGHBORS AND VOLUNTEERS TO BUILD AND NURTURE STRONG
	COMMUNITIES CHARACTERIZED BY GOD'S SHALOM.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 326,523. including grants of \$) (Revenue \$ 16,500 THE ORGANIZATION WORKS TO CREATE A THRIVING COMMUNITY AND FULFILL THE MISSION BY: INVOLVING NEIGHBORS AS LEADERS IN COMMUNITY IMPROVEMENT
	PROJECTS, INVESTING IN LOCAL YOUTH AND FAMILIES AND PROVIDING NEW RESOURCES (E.G. VOLUNTEERS, TECHNICAL ASSISTANCE) WITHIN THE
	TALBOT-NORFOLK TRIANGLE NEIGHBORHOOD. THE MISSION IS ANCHORED IN A MODEL OF ESTABLISHING NEIGHBORHOOD MINISTRY HOUSES IN UNDER-RESOURCED
	COMMUNITIES. NEIGHBORS UTILIZE THESE SAFE HAVENS AS GATHERING PLACES RESOURCE CENTERS AND CENTRALIZED LOCATIONS FOR VOLUNTEER ENGAGEMENT AND
	COMMUNITY ORGANIZING. THE ORGANIZATION HAS THREE PRIMARY PROGRAMMATIC AREAS INCLUDING YOUTH AND FAMILY MINISTRIES, COMMUNITY ORGANIZING AND
	VOLUNTEER ENGAGEMENT. THE ORGANIZATION USES A PRINCIPLE-DRIVEN FRAMEWORK FROM THE CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 326,523. 12-31-18 SEE SCHEDULE O FOR CONTINUATION(S)

Form §	an is	2018)

Part IV Checklist of Required Schedules

THE BOSTON PROJECT MINISTRIES, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III	•		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	Form 990 (2				PROJECT
ĺ	Part IV	Checklist	of Require	d Schedule	es (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
اہ	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
00000	(gambling) winnings to prize winners?	1 c		(2018)
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Form 990	(2018)	THE	BOSTON	PROJECT	MINISTRIES,	INC.
Part V	Statements	Regard	ing Other I	RS Filings a	nd Tax Compliance	e (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 31					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	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)?	4a		X		
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x		
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua				
b	where we at the share the large					
7	Organizations that may receive deductible contributions under section 170(c).	6b				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x		
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
с		7b				
	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a					
a h		-				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	-				
	Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources against	-				
~	amounts due or received from them.) 11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c			17		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 11		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

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Form	990	(2018)	1
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THE BOSTON PROJECT MINISTRIES, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a 1a 4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1a 4 b Enter the number of voting members included in line 1a, above, who are independent 1b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a 7 Did the organization new on behalf of the governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 9 Section B. Policices (This Section B requests		Check if Schedule O contains a response or note to any line in this Part VI				
1a Enter the number of voting members of the governing body, of the generality body, of the generality body and the generality body a	ec	tion A. Governing Body and Management			Yes	1
If there are material differences in voling rights among members of the governing body, of if the governing body. of a the governing body of getted to an attern the an exclutive comfitter control or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management operation of a business relationship with any other officer, director, structee, or key employees to a management operation of a business relationship with any other of officer, director, structee, or key employees to a management operation of a business relationship with any other of officer, director, structees, or key employees to a management operation of a business relationship with any other of officer, directors, or trustees, or key employees to a management operation operation of a sester? 5 Did the organization have members or stochholders? 5 Did the organization have members or stochholders? 5 Did the organization comes and or the organization reserved to (or subject to approval by) members, stochholders, or persons other than the governing body? 5 Did the organization comes of the organization reserved to (or subject to approval by) members, stochholders, or persons other than the governing body? 5 Did the organization authority to act on bahaff of the governing body? 5 Did the organization neares and subject on approval by the Internal Revenue Code. 5 Did the organization have witton policies and procedure governing the activities of such chapters, attiliates, and by employee listed in Part VII. Section A, who cannot be reached at the organization have witton policies and procedure governing the activities of such chapters, attiliates, and branches to ensure their operations are constant with the organization and excess? 5 Did the organization have witton policies and procedures governing the activities of such chapters, attiliates, and branches to ensure their operations are constant w	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4	165	ť
b Better the number of voting members included in life 1a, above, who are independent 10 3 c Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dues customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 2 d Did the organization needers wignificant changes to its governing documents since the prior Form 990 was filed? 3 d Did the organization baceme aware during the year of a significant diversion of the organization's assets? 5 d Did the organization baceme members or stockholders? 6 d Did the organization bace members or stockholders? 7 A re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 B cach commit be with autority to act on behalf of the governing body? 8 8 B cach commit be with autority to act on behalf of the governing body? 8 B cach commit be with autority to act on behalf of the governing body? 8 B cach commit be within by for act on behalf of the governing body and the activities of such chapters, affliates? 10 D id the organization have local chapters, branches, or affliates? 10 </td <td>iu</td> <td></td> <td></td> <td>-</td> <td></td> <td></td>	iu			-		
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	mployees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

т

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not o	Pos	ition	thon	000	Reportable	Reportable	Estimated
	hours per	box, unless perso		(do not check more than one box, unless person is both an officer and a director/trustee)			h an	compensation	compensation	amount of
	week		cer an I	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL MALKEMES	40.00	-	-		×	Ξæ	Œ			
PRESIDENT/EXEC DIR		x		x				48,364.	0.	27,633.
(2) DANIEL JANEY	5.00									
TREASURER		x		x				0.	0.	0.
(3) LATONYA BROWN	5.00									
GENERAL MEMBER		x						0.	0.	0.
(4) WHITNEY DENNIS	5.00									
SECRETARY		x		X				0.	0.	0.
		1								
		1								
		1								
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Form 990 (2018)

	990 (2018) THE BOST	ON PROJI	EC.	г М	IIN	118	STR	L]	ES, INC.	04-33	<u> 395:</u>	307	Pag	ge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not ch , unles	ss per	tion ^{more} rson i	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) mated ount of ther	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		orgaı and	ensati m the nizatio relateo izatior	on d
	Quile Andrei								48,364.		0.	27	,63	3
	Sub-total Total from continuation sheets to Part VI	L Soction A					J		40,504.		0.	47	,05	0.
	Total (add lines 1b and 1c)								48,364.		0.	27	,63	
2	Total number of individuals (including but n							o r	-	000 of reportabl	-		1	
-	compensation from the organization		1000	1000	u ui		,	01			0			0
												١	/es	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								•			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	ompe	ensa	tion	and	ot	her compensation from			4		Х
5	Did any person listed on line 1a receive or a					-			-					37
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or sl	ich j	oers	on .					5		X
1	Complete this table for your five highest co	-									ipensa	ation fro	om	
	the organization. Report compensation for (A)	the calendar y	ear	enair	ng w	/ith (or wi		(B)	/ear.		(C)		
	Name and business	address	NC	ONE	2				Description of s	ervices	Co	ompens	sation	
								_						
								+						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	miteo	d to	thos (tec	above) who received m	nore than				
	te restore of compensation norm the organi						-					orm 9	90 (20)18)

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				ROJECT MI	NISTRIES,	INC.	04-3395	307 Page 9
Pa	rt VI	III Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ł	b Membership dues	1b					
ts, (Arr		c Fundraising events						
Gif		d Related organizations						
sins,		e Government grants (contribut						
utic	f	f All other contributions, gifts, gran		403,260.				
trib Oth		similar amounts not included abo		405,200.				
Con		 g Noncash contributions included in lines h Total. Add lines 1a-1f 			403,260.			
				Business Code	10572000			
e	2 8	MISSION ACTIVIT	TUITI Y	624100	16,500.	16,500.		
e rvic		b				,		
Se		c						
am eve	c	d						
Program Service Revenue	e	e						
Ā	f	f All other program service reve						
		g Total. Add lines 2a-2f			16,500.			
	3	Investment income (including						
		other similar amounts)						
	4 5	Royalties		· · · · · ·				
	5	noyallies	(i) Real	(ii) Personal				
	6 2	a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
				►				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ł	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		 d Net gain or (loss) a Gross income from fundraisin 						
Other Revenue	0 0	including \$	•					
evel		contributions reported on line						
r R		Part IV, line 18	-					
the	t	b Less: direct expenses						
0	Ċ	c Net income or (loss) from fund	draising events	►				
	9 a	a Gross income from gaming ad						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gam		▶				
	IU a	a Gross sales of inventory, less and allowances						
	ł	b Less: cost of goods sold						
		c Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	ł	b						
	C	c						
	C	d All other revenue						
		e Total. Add lines 11a-11d			110 760	16 500		
	<u>12</u>	Total revenue. See instructions		▶	419,760.	16,500.	0.	0 • Form 990 (2018)
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Part IX Statement of Functional Expenses

THE BOSTON PROJECT MINISTRIES, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D -	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,433.	45,873.	23,280.	23,280
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	181,724.	166,301.		15,423
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	533.	355.	102.	76
9	Other employee benefits	16,211.	14,916.	1,295.	
10	Payroll taxes	17,976.	15,418.	792.	1,766
11	Fees for services (non-employees):				
а	Management				
b	Legal	11,204.		11,204.	
С	Accounting	10,957.		10,957.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	45 504	10.005		
	column (A) amount, list line 11g expenses on Sch 0.)	15,704.	13,867.	700.	1,137
12	Advertising and promotion	10 210	<u> </u>		F 400
13	Office expenses	19,319.	6,158.	5,675.	7,486
14	Information technology				
15	Royalties	00 700			
16	Occupancy	29,729.	25,415.	2,157.	2,157
17	Travel	647.	551.	87.	9
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200	200		
19	Conferences, conventions, and meetings	290.	290.		
20					
21	Payments to affiliates	2 450		2 450	
22	Depreciation, depletion, and amortization	3,450. 5,852.	5,207.	3,450. 356.	289
23		5,052.	5,207.	. 022	209
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	22,678.	22,678.		
b	MEALS AND HOSPITALITY	8,104.	7,494.	520.	90
с	PROGRAM HOUSING	2,000.	2,000.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	438,811.	326,523.	60,575.	51,713
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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THE BOSTON PROJECT MINISTRIES, INC.

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		Check if Schedule O contains a response or not	c to any				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			64,381.	1	40,817
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	6,616.	3	22,686		
		Accounts receivable, net	190.	4			
		Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emp	oyees. Complete			
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
2		employees' beneficiary organizations (see instr).	Complet	Part II of Sch L		6	
ASSEIS	7	Notes and loans receivable, net				7	
ξ		Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,628.	9	5,228
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,199.			
	b	Less: accumulated depreciation		5,199. 5,199.	93,125.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			169,940.	16	68,731
	17	Accounts payable and accrued expenses	24,736.	17	32,253		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ຄູ	22	Loans and other payables to current and former					
LIAUIIIUES		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). (omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			24,736.	26	32,253
		Organizations that follow SFAS 117 (ASC 958), check	nere 🕨 🗴 and			
ß		complete lines 27 through 29, and lines 33 an					
5	27	Unrestricted net assets			137,485.	27	13,792
odic	28	Temporarily restricted net assets			7,719.	28	22,686
	29	Permanently restricted net assets		<u></u>		29	
		Organizations that do not follow SFAS 117 (A	SC 958),	check here 🕨 📃			
Net Assets of Fully Dalatices		and complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ec	luipment	und		31	
	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Z	33	Total net assets or fund balances			145,204.	33	36,478
		Total liabilities and net assets/fund balances			169,940.	34	68,731

Form 99

Form 990 (
Part X	Balance	Sheet

	1 990 (2018) THE BOSTON PROJECT MINISTRIES, INC.	04-339	5307	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60.
2	Total expenses (must equal Part IX, column (A), line 25)	2			11.
3	Revenue less expenses. Subtract line 2 from line 1	3			51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	145	5,2	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-89	9,6	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	36	5,4	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2018)

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SCHEDULE A

(Form	990	or	990-E	Z
		000	U 1	000 5	_

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.

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation		Open to Public Inspection
Nan	ne of t	the organizati		Go to www.irs.gov		uns anu u	ie ialest i		Employer	identification number
- tun				BOSTON PRO	JECT MINISTR	TES	TNC.			4-3395307
Pa	rt I	Reason						e instructions		4 5555501
1 2 3 4 5 6 7		A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170	a private found nvention of ch cribed in sect a cooperative search organiz e: on operated fo (b)(1)(A)(iv). (C te, or local go on that norma b)(1)(A)(vi). (C	lation because it is: (urches, or association ion 170(b)(1)(A)(ii). (hospital service orgention ation operated in co or the benefit of a co complete Part II.) vernment or government lly receives a substation omplete Part II.)	All organizations must co (For lines 1 through 12, co on of churches described Attach Schedule E (Forn anization described in se njunction with a hospital sollege or university owned nental unit described in se antial part of its support f	check only d in sectio n 990 or 99 ection 170 I described d or opera section 17 from a gov	one box.) on 170(b)(1 90-EZ).))(b)(1)(A)(ii d in sectio ted by a g 70(b)(1)(A)	1)(A)(i). ii). n 170(b)(1)(A) overnmental u (v).	(iii). Enter nit descrit	bed in
8	\square	-			(1)(A)(vi). (Complete Par					
9		or university university:	or a non-land-o	grant college of agric	in section 170(b)(1)(A)(sulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
10 11 12 b c d e		activities relations and use activities relations and use actions. An organization and use actions and the sequence of the support organization actions and the support organization actions and the support organization actions and the support of t	ted to its exen unrelated busin 509(a)(2). (Coi on organized a on organized a v supported or ough 12d that upporting orga ted organizatio n. You must c supporting org nanagement of n(s). You must c constitutionally inte functionally int t (see instruct box if the orga	npt functions - subjet ness taxable income mplete Part III.) and operated exclus and operated exclus ganizations describes describes the type of anization operated, s on(s) the power to re complete Part IV, Se anization supervised of the supporting org. t complete Part IV, Se anization supervised of the supporting org. t complete Part IV, egrated. A supporting n(s) (see instructions y integrated. A supporting ions). You must com anization received a	d or controlled in connec anization vested in the s	and (2) no om busine afety. Sees o perform i r section i n and com by its sup a majority i tion with it ame perso in connec Part IV, Se rated in co tisfy a dist s A and D, om the IRS	b more that asses acqu section 50 the function 509(a)(2). applete lines ported orgon of the direct as supported orgons that con- tion with, a sections A, nnection v ribution re and Part that it is a	In 33 1/3% of i uired by the org D9(a)(4). Ons of, or to ca See section 5 is 12e, 12f, and ganization(s), t ctors or truste ed organizatio ontrol or mana and functional D, and E. with its suppor quirement and V.	its support ganization rry out the 09(a)(3). (I 12g. ypically by es of the s n(s), by ha ge the sup ly integrate ted organi I an attent	t from gross investment after June 30, 1975. e purposes of one or Check the box in giving supporting oported ed with, zation(s)
f	Ente	er the number				ing organi	Lation.			
a				n about the supporte						
		(i) Name of supp organizatior	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in:	-	(vi) Amount of other support (see instructions)
Tota	ıl									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 THE BOSTON PROJECT MINISTRIES, INC. 04 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)

04-3395307 Page 2

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.)

See	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support		•			•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
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						
	Gross receipts from related activities,	etc. (see instruct	ions)	•		12	
	First five years. If the Form 990 is for	•	,			on 501(c)(3)	
	organization, check this box and stor	here					
See	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2018 (ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check th	is box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			►
b	33 1/3% support test - 2017. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, che	ck this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the orç	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 1	0% or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in Pa	rt VI how the o	rganization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2017. If the orç	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 1	5 is 10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, c	heck this box and	stop here. Explair	n in Part VI hov	v the
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	►
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruc	
					<u> </u>		000 000 EZ 0040

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 THE BOSTON PROJECT MINISTRIES, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	445,677.	356,492.	429,838.	331,966.	403,260.	1,967,233.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	78,475.	61,189.		35,325.	16,500.	191,489.
2	Gross receipts from activities that	, , , , , , , , ,	01/1000		00,0101	20,0001	
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	524,152.	417,681.	429,838.	367,291.	419,760.	2,158,722.
	Amounts included on lines 1, 2, and	-			-	-	
	3 received from disgualified persons	5,435.					5,435.
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	74,406.	47,000.				121,406.
c	Add lines 7a and 7b	79,841.	47,000.				126,841.
8	Public support. (Subtract line 7c from line 6.)						2,031,881.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018 419,760.	(f) Total
	Amounts from line 6	524,152.	417,681.	429,838.	367,291.	419,760.	2,158,722.
10 <i>a</i>	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						
	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.)	524,152.	417,681.	429,838.	367,291.	419,760.	2,158,722.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶∟_
	ction C. Computation of Publ						
15	Public support percentage for 2018 (ine 8, column (f), d	livided by line 13,	column (f))		15	94.12 %
	Public support percentage from 2017					16	92.66 %
	ction D. Computation of Investion						
	Investment income percentage for 20					17	.00 %
	Investment income percentage from					18	.10 %
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
83202	23 10-11-18			15	Sche	edule A (Form 990	or 990-EZ) 2018

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^{~ —&}lt;sup>-</sup>

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

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

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 THE BOSTON PROJECT MINISTRIES, INC. Part IV Supporting Organizations (continued)

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I U	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.	11c		
Sec	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
~	organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		•		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	.)	
2	Activities Test. Answer (a) and (b) below.	ractions	Yes	No
			165	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ	2018
	17			

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Schedule A (Form 990 or 990 EZ) 2018 THE BOSTON PROJECT MINISTRIES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

(A) Prior Year	(B) Current Year (optional)
(A) Prior Year	(B) Current Year (optional)
	Current Year
p	pe III supporting

instructions).

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 THE BOSTON PROJECT MINISTRIES, INC.

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	1
Secti	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
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	he organization is responsiv	е	
	(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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	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: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
с	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:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	(Form 990 or 9 Suppleme	ntal In	formatio	n. Provide t	he explanat		uired b	v Part II line	10 [.] Part II II	ne 179 /	or 17b; Part III,	95307 P
	Part IV. Secti	on A. line	s 1. 2. 3b. 3	3c. 4b. 4c. 5	a. 6. 9a. 9b	. 9c. 11;	a. 11b.	and 11c: Part	IV. Section	B. lines	1 and 2: Part	IV. Section C
	line 1; Part IV	, Section	D, lines 2 a	nd 3; Part I\	/, Section E	, lines 1	c, 2a, 2	b, 3a, and 3b?	; Part V, line	e 1; Part	V, Section B,	line 1e; Part
	(See instructi		ind 8; and F	Part V, Section	on E, lines 2	2, 5, and	6. Also	complete thi	s part for an	iy additi	onal informatio	on.
	,	,										
2028 10-11-	18						20			Schedu	ule A (Form 99	0 or 990-EZ
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THE BOSTON PROJECT MINISTRIES, INC.

Payments from Disqualified Persons Included on Part III, Line 7a

04-3395307

2018

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
JAMES AND KAREN					
MALKEMES	5,435.	0.	0.	0.	0
	+ +				
otal to Schedule A,					

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THE BOSTON PROJECT MINISTRIES, INC.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2018

04-3395307

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
DWIGHT AND LORI HENDERSON	0.	10,000.	0.	0.	0
MICHAEL AND KIMBERLY PRADKO	0.	25,000.	0.	0.	0
ROBERT HUANG	0.	7,000.	0.	0.	0
RUSSELL AND MEGAN ZAHNISER	0.	5,000.	0.	0.	0
OTHERS	74,406.	0.	0.	0.	0 .
Total to Schedule A, Part III, Line 7b	74,406.	47,000.			

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SCHEDULE D

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Department of the Treasury Internal Revenue Service Name of the organization

THE BOSTON PROJECT MINISTRIES, INC.

Employer identification number 04-3395307

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ls or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		YesNo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used o	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e confer	ring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	storically	important land area
	Protection of natural habitat	Preservation of a ce	rtified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			ization during the tax
	year ►		0	Ũ
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		f	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
-	• • • • • • • • • • • • • • • • • • •	······································		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation ea	sements during the year
-	► \$			
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 17	0(h)(4)(F)	3)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			······································
•	include, if applicable, the text of the footnote to the organizat	•		
	conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other \$	Similar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under SFAS 116 (AS		ement ar	nd balance sheet works of art
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that descri			
h	If the organization elected, as permitted under SFAS 116 (AS		nt and h	alance sheet works of art historical
, N	treasures, or other similar assets held for public exhibition, ec			
	relating to these items:			vice, provide the following amounts
	-			► ¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			
0	· · · · · · · · · · · · · · · · · · ·	an inter a sthere are in the second for finance		
2	If the organization received or held works of art, historical treater of the following area when a subscript the barries are stated under SEAC 4		iai gairi,	provide
_	the following amounts required to be reported under SFAS 1			•
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 990.		Schedule D (Form 990) 2018
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Sche		FON PROJEC						04-33			ige 2
Pa	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following the	at are a si	gnificant	use of its	collectior	item:	S
	(check all that apply):										
а	Public exhibition	d			change progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit or							_	7		1
Dec	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodia								7		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:					A		
_									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 2a	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							L]
Pa											1
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourront your	(~)	nor your	(0)	, o such ((ouro suore	(0) + 0 ui	jeure	
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	l g, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	<u> </u>									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	and administe	ered for th	ne organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	"Yes" on Form 990	0, Part l'	V, line 11a.	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Ac	cumulate	d	(d) Book	value	9
		basis (investr	nent)	basis	(other)	dep	preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				5,199.		5,1	99.			0.
-	Other										
Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colui	mn (B), line	10c.)						0.
							:	Schedule	D (Form	990)	2018

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Schedule D (Form 990) 2018 THE BOSTON PROJECT MINISTRIES, INC

Part VII Investments - Other Securities.		*
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	
2 1 1	ability for uncortain tax positions. In Part XIII, provide the text of the fo	otnoto to the organization's f

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 THE BOSTON PROJECT MINIST				3395307	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents W	ith Revenue per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		_	•	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		Vith Expenses pe	r Reti	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			_	i	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a		_		
b	Prior year adjustments	2 b		_		
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
b c	Add lines 4a and 4b			_		
с 5						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L					Interested					MB No.		
(Form 990 or 990-EZ)	Complete if the	organization an 28b. or 28c. (swere or For	d "Yes m 990-	s" on Form 990, Par -EZ, Part V, line 38a	't IV, line 25a, 25b, 2 a or 40b.	8, 27,	28a,		20	31	5
Department of the Treasury					990 or Form 990-E2				0	pen T	o Pul	olic
Internal Revenue Service	► Go to	o www.irs.gov/Fo	orm99	0 for i	nstructions and the	latest information.				spect		
Name of the organization						~		-			on n	umber
					STRIES, IN	C • 01(c)(29) organization			953	07		
						o, or Form 990-EZ, Pa			Ъ			
1	-	Relationship bet				5, 01 F0111 990-EZ, Pa	art v, i	ine 40		(4)	Corre	ected?
(a) Name of disqualified p	person	person and o			(0	c) Description of trans	sactio	n			es	No
										_		
										_	_	
										_	_	
2 Enter the amount of tax	incurred by the	organization mar	naders	or dis	uualified persons du	ring the vear under						
	-	-	-					▶ \$				
section 4958 3 Enter the amount of tax,	, if any, on line 2	2, above, reimburs	sed by	the or	ganization		I	▶ \$				
		nterested Per										
•	0				, Part V, line 38a or I	Form 990, Part IV, lin	e 26; (or if tr	ne orga	anızatı	on	
(a) Name of	(b) Relationshi	90, Part X, line 5, 0 p (c) Purpose		∠. oan to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved	(i) \	Vritten
interested person	with organizatio			n the ization?	principal amount	(I) Dalarice due	defa		bý bo comn		agre	ement?
				From			Yes	No	Yes	No	Yes	No
		_										
		-										+
												+
Total					▶ \$							
		enefiting Inte										
(a) Name of interested		swered "Yes" on		,	(c) Amount of	(d) Type	of		10) Purp	0000	,f
	person	(b) Relationship interested pers the organiza	son an		assistance	assistand			•	assist		Л
								+				
								+				

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

	Business Transactio					
Schedule L	(Form 990 or 990-EZ) 2018	\mathbf{THE}	BOSTON	PROJECT	MINISTRIES,	INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's iues?
				Yes	No
PAUL MALKEMES	PRESIDENT/EXECUTIVE	17,500.	RENTAL OF S		Х
GLENNA MALKEMES	SPOUSE OF PRESIDENT	18,290.	COMPENSATIO		Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PAUL MALKEMES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 17,500.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF SPACE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GLENNA MALKEMES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF PRESIDENT/EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AND BENEFITS FOR SERVICES

AS A DEVELOPMENT ASSOCIATE

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

2018.04020 THE BOSTON PROJECT MINISTRI 63089001

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

THE BOSTON PROJECT MINISTRIES, INC.

Employer identification number 04 - 3395307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHALOM.

FORM990, PART I, LINE 6

ENGAGE NEIGHBORS AND VOLUNTEERS TO BUILD AND NURTURE STRONG COMMUNITIES

CHARACTERIZED BY GOD'S SHALOM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(WWW.CCDA.ORG) TO GUIDE THEIR WORK IN A NEIGHBORHOOD CONTEXT. THE

13-STREET NEIGHBORHOOD, THE TALBOT-NORFOLK TRIANGLE, IS LOCATED ON THE

SOUTH SIDE OF BOSTON IN THE DORCHESTER SECTION OF THE CITY.

THE BOSTON PROJECT MINISTRIES MAY SERVE AS A SPONSOR FOR PROJECTS THAT

ARE IN ALIGNMENT WITH THEIR MISSION. TBPM'S BOARD OF DIRECTORS

APPROVES ALL FISCAL SPONSOR RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS THE BOARD REVIEW THE 990 BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURE TO BOARD OF DIRECTORS PRIOR TO TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION IS APPROVED ANNUALLY BY BOARD OF DIRECTORS. EXECUTIVE

COMPENSATION NOT PAID AT MARKET AS AGREED IN ADVANCE BY BOTH PARTIES.

 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

15200912 758606 63089000

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Schedule O (Form 990 or 990-EZ) (2018)	Pag
Name of the organization THE BOSTON PROJECT MINISTRIES, INC.	Employer identification number $04 - 3395307$
FORM 990, PART VI, SECTION C, LINE 19:	
UPON WRITTEN REQUEST OR FROM STATE AGENCY WEBSITES.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF FIXED ASSETS TO AFFILIATED ENTITY	-89,67
832212 10-10-18 Sc	hedule O (Form 990 or 990-EZ) (20
33 200912 758606 63089000 2018.04020 THE BOSTON PROJEC	

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service

►	File a	a senarate	application	for each	return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Luter me	er sidentifying	number
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification i	number (EIN) or
print	THE BOSTON PROJECT MINISTRIES, INC.					5307
File by the				0		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 15 ELMHURST STREET	see instruc	tions.	Social se	curity number	(55IN)
instructions.	City, town or post office, state, and ZIP code. For a for DORCHESTER, MA 02124	oreign ado	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
Teleph ● If the c ● If this box ▶ [1 I re the ▶[▶[2 If tt	books are in the care of \blacktriangleright <u>15</u> ELMHURST ST none No. \blacktriangleright <u>617-929-0925</u> organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year <u>2018</u> or tax year beginning the tax year entered in line 1 is for less than 12 months, or Change in accounting period	s in the Ur Group Exe and atta NOVEI anization's , an check reas	Fax No. 617-929-09 nited States, check this box	27 f this is fo f all memb	r the whole gro pers the extension pt organization 	on is for.
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and			-
est	mated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			-
usi	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-I	EO for payment
IHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 886	8 (Rev. 1-2019)

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