

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending

B Check if applicable:

Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CELL PHONES FOR SOLDIERS INC	D Employer identification number 20-1343425
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) 243 WINTER STREET	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code NORWELL MA 02061	E Telephone number 781-659-7789
	F Name and address of principal officer ROBERT BERGQUIST 243 WINTER STREET NORWELL MA 02061	G Gross receipts\$ 181,469

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **CELLPHONESFORSOLDIERS.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2004** **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	8000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,526,241	167,466
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,410	14,003
	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)	2,527,651	181,469
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,392	2,203
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	90,646	102,594
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 84,235		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	571,933	440,124
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	669,971	544,921
19 Revenue less expenses. Subtract line 18 from line 12	1,857,680	-363,452	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,790,102	2,415,739
	22 Net assets or fund balances. Subtract line 21 from line 20	25,395	39,877
		2,764,707	2,375,862

Part 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 ROBERT BERGQUIST	Date			
	Type or print name and title PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name THOMAS A LAWLER, CPA	Preparer's signature <i>Thomas A Lawler</i>	Date 03/06/17	Check <input type="checkbox"/> if self-employed	PTIN P01388198
	Firm's name W. A. Leonard & Co., P.C.	Firm's EIN 04-3220874			
	Firm's address 1500 Boston Providence Tpke Ste 36 Norwood, MA 02062-4631	Phone no. 781-762-2027			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.