_	49	Λ_	⊑ 7
Form	99	U-	

Short Form 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.

2016 Open to Public

OMB No 1545-1150

	artment of t	the Treasury	► Information about Form 990-EZ and its instructions is at www.	irs.aov/form990	1010	Inspection
			r year, or tax year beginning , 2016, and ending			. 20
_					yer Identi	fication number
	Address ch	ange	OUR BLESSINGS EARLY LEARNING CENTER		- -073896	
	Name chan	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suit	e E Telepi	none numb	er
	Initial return	n				
	Final return	n/terminated	295 EAST PALMER MILL ROAD	(8	50)997-	·1110
	Amended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		Exemption	
	Application	pending	Monticello, FL 32344	Numb	er ▶	
G	Account	ng Method	☐ Cash 🔀 Accrual Other (specify) ▶	H Check ►	lf the	organization is not
1	Website	: ▶		required to	attach Sc	hedule B
J	Tax-exe	mpt status (d	check only one) - 🕱 501(c)(3) 🔲 501(c)() ◀ (insert no) 🔲 4947(a)(1) or 🔲 52	7 (Form 990	, 990-EZ, d	or 990-PF)
K	Form of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other			
L	Add lines	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it	f total assets		_
<u>(Pa</u>	ırt II, colu	ımn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	. ▶ \$	165,376
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (se	ee the instruction	ons for Pa	art I)
		Check if t	he organization used Schedule O to respond to any question in this Part	<u> </u>		x
	1	Contributions	gifts, grants, and similar amounts received	· • • • • • • • • • • • • • • • • • • •	1	
	2	Program ser	vice revenue including government fees and contracts		2	165,376
	3	Membership	dues and assessments	. 	3	
	4	Investment in	come		4	
	5a	Gross amour	nt from sale of assets other than inventory 5a			
	b	Less cost or	other basis and sales expenses] ·, .	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and	fundraising events			
	а	Gross income	e from gaming (attach Schedule G if greater than			
3		\$15,000)	6a			
Revenue	Ь	Gross income	e from fundraising events (not including \$ of contri	butions	· ·	
æ		from fundrais	ing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000)			
	с	Less directe	expenses from gaming and fundraising events] ,	
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		1.	
		line 6c)			6d	
	7a	Gross sales	of inventory, less returns and allowances			
	b	Less cost of	goods sold			
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenu	e (describe in Schedule O)		8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	D ▶	9	165,376
	10	Grants and s	ımılar amounts paid (list in Schedule O)		10	
	11	Benefits paid	to or for members	7	11	
	12	Salaries, other	to or for members er compensation, and employee benefits		12	99,076
8	13	Professional	fees and other payments to independent contractors		13	
Expenses	14	Occupancy, r	rent, utilities, and maintenance		14	17,013
Ä	15	Printing, publ	ications, postage, and shipping		15	
	16	Other expens	ses (describe in Schedule O)		16	29,531
	17	Total expens	ses. Add lines 10 through 16		17	145,620
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18	19,756
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			
Net Assets			igure reported on prior year's return)	. .	19	8,706
et /	20	=	es in net assets or fund balances (explain in Schedule O)		20	
Z		-	r fund balances at end of year Combine lines 18 through 20		21	28,462
Eor			on Act Notice see the senarate instructions			Form 990-F7 (2016)



Form 990-EZ (2016) OUR BLESSINGS EARLY LEAD	RNING CENTER		02-0	7389	962 Page 2
Part II Balance Sheets (see the instructions for Part II)					·
Check if the organization used Schedule O to res	pond to any questior	n in this Part II .	<u></u>	<u></u>	<u>.:X</u>
		(A) B	eginning of year	L	(B) End of year
22 Cash, savings, and investments		• • • • • •	8,706	22	310_
23 Land and buildings		• • • • • •	0	23	0
24 Other assets (describe in Schedule O)		• • • • • •	0	24	28,152
25 Total assets		• • • • • • • • • • • • • • • • • • • •	8,706	25	28,462
26 Total liabilities (describe in Schedule O)		• • • • • •	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		8,706	27	28,462
Part III Statement of Program Service Accomplishme	ents (see the instruc	tions for Part III)			Expenses
Check if the organization used Schedule O to res	spond to any question	n in this Part III	<u></u>	/Bog	uired for section
What is the organization's primary exempt purpose? Children's	Early Learning	Center		1, ,	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	of its three largest ord	oram services			nizations, optional for
as measured by expenses In a clear and concise manner, describe the persons benefited, and other relevant information for each program title	e services provided, the	e number of		other	·
28 Education and quality care for young child		to			
twelve years old.			·		
(Oursele th	shudan foreses are to 1			00-	_
·	cludes foreign grants, ch	neck nere	,▶ ⊔	28a	0
29					
(Cranto C	ludes foreign grants, el	analy have		200-	
	cludes foreign grants, ch	neck nere		29a	
30					
(Create #	studen formun orondo el	and have		200	
	cludes foreign grants, ch			30a	
31 Other program services (describe in Schedule O) (Create \$\pi\$)	cludes foreign grants, ch			31a	
<u> </u>				31a 32	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo					no for Port IVA
Check if the organization used Schedule O to respond t	•	•			
Officer if the organization used ochedule of to respond to	dany question in this i	(c) Reportable	(d) Health benefits		····
(e) Name and title	(b) Average	compensation	contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	1		other compensation
Tomic King		(If not paid, enter -0-)	deferred compensa	111011	
President	40.00		d	ď	o
Gregory Davis	10.00			7	
Board Member	2.00		d	d	
Sandra Buffalo				7	
Board Member	2.00		d	d	0
			1		
				-	
	· · · · · · · · · · · · · · · · · · ·				
	<u></u>				
					<u> </u>
EEA					Form 990-EZ (2016)

OUR BLESSINGS EARLY LEARNING CENTER

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Page 3

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			3-
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	• • •	\Box
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	detailed description of each activity in Schedule O	_33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		v
35 a		34		Х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	MMA No. 1. The second s	35b		
С	The state of the s	-		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a]		
_ b	•	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1	, ,	
39 a	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9		, ~	
	Gross receipts, included on line 9, for public use of club facilities	1		·
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	(p	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		, ,	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	l		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			,
	on organization managers or disqualified persons during the year under sections 4912,		12 ⁴⁷ 412-12-17 ⁴⁰ -	**
	4955, and 4958		,	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		4 -	- ·
_	40c reimbursed by the organization) `	,
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed FL	400	<u></u> I	
	The organization's books are in care of ▶ Tomica King Telephone no ▶ 850-9	97-1	110	
	Located at ▶ 1979 Waukeenah Highway, Monticello, FL ZIP+4 ▶ 32344			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			. !
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	,	′	, !
	Financial Accounts (FBAR)	`	, l	^
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	1	<u>X</u>
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	 I		L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1.00
u	completed instead of Form 990-EZ	44a	<u> </u>	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	21		
_	completed instead of Form 990-EZ	44b	Ĺ "l	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		, .	
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

Form 9	90-EZ (20	OUR BLESSINGS EX	ARLY LEARNING CE	NTER_			02-0	738962		age 4
			141						/ Yes	No
46		organization engage, directly or indirectly, in	· -					. 46	·	X
Dar		dates for public office? If "Yes," complete Section 501(c)(3) organizations			· · · · · ·	• • • • •	• • • • • •	40		<u> </u>
Par	-	All section 501(c)(3) organizations 50 and 51.	must answer questi				·			П
		Check if the organization used Sch	iedule O to respond	to any qu	estion in t	nis Part	VI	• • • • •	Yes	No
47		organization engage in lobbying activities of "Yes," complete Schedule C, Part II	r have a section 501(h) e					47	103	X
48		rganization a school as described in section		-				48	1	X
49a		organization make any transfers to an exem						49a		Х
b		was the related organization a section 527						49t		
50	•	te this table for the organization's five highes								
	employ	ees) who each received more than \$100,000	of compensation from th	e organizatio	n If there is	none, en	ter "None "	r ·		
		(a) Name and title of each employee	(b) Average hours per week devoted to position		ortable ensation /1099-MISC)	contributi benefit pla	aith benefits, ons to employee ins, and deferred npensation	(e) Estima	ited amou compensa	
NON	.									
NON	<u> </u>									
							 -			-
f 51 ——	Comple \$100,0	umber of other employees paid over \$100,00 ete this table for the organization's five highes 00 of compensation from the organization If	st compensated independe there is none, enter "Non	e "						
	(a)	Name and business address of each independent contra	actor	(b)	Type of service		- (c) Compensa	tion	
NON:	E									
	Total n	umber of other independent contractors each	TECEIMAG OVER \$100 000)	<u></u>					
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	anızatıons m				- 🗓 Ye		Na
Unde		ted Schedule A								No
	-	nd complete Declaration of preparer (other than o					=			
		Tomica King								
Sig	- 1	Signature of officer				Date				
Her	e	Tomica King, President Type or print name and title						_		
			Preparer's signature		Date		Check 1	PTIN		
Pald		Jeanette Edwards			11-11-20	17	self-employed	P01382	2167	
Prep	arer	Firm's name > Jeanette Edwards	S, CPA, LLC			Fim	n's EIN ►			
Use	Only	Firm's address ► 435 12th Street	West							
		Bradenton FL 34:				Pho		447-077		
	the IRS	discuss this return with the preparer shown a	above? See instructions	<u> </u>	<u></u>	· · · · ·	<u></u>	<u> </u>		No (0016)
EEA								Form 9	990-EZ	(2016

Form 990-EZ	(2016) OUR BLESSINGS EA	ARLY LEARNING CE	NTER		02-07	38962	<u> </u>	age 4
46 Did	the organization engage, directly or indirectly, in	political campaign activiti	es on behalf of or in oppi	osition			Yes	No
	andidates for public office? If "Yes," complete So					. 46		X
Part Vi	Section 501(c)(3) organizations							1
	All section 501(c)(3) organizations	_	ions 47-49b and 52	2, and comple	ete the ta	bles for l	ines	
	50 and 51							
	Check if the organization used Sch	edule O to respond	I to any question in	this Part VI				<u>. D.</u>
						r	Yes	No
	the organization engage in lobbying activities or		•					١
•	? If "Yes," complete Schedule C, Part II					——————————————————————————————————————		X
	e organization a school as described in section he organization make any transfers to an exemp		•			· 48		X
	es." was the related organization a section 527 of		····					<u> </u>
	plete this table for the organization's five highes	-				. [-705]		<u> </u>
	loyees) who each received more than \$100,000							
		(b) Average	(c) Reportable	(d) Health ben				
	(a) Name and title of each employee	hours per week	compensation	contributions to e benefit plans, and		(e) Estimated other con		
		devoted to position	(Forms W-2/1099-MISC)	compensat				
NONE	· · · · · · · · · · · · · · · · · · ·							
				 				
								
f Total	number of other employees paid over \$100,000				·····			
51 Com	plete this table for the organization's five highest		ent_contractors_who_each	_ i_received_more.i	han			
\$100	,000 of compensation from the organization. If t	here is none, enter "Non	e "					
	(a) Name and business address of each independent contract	dor	(b) Type of service	e	(c)	Compensation	1	
								
NONE								
MONE								
			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
			······································					
	number of other independent contractors each	•	· · · · • · · · · · · · · · · · · · · ·					
	ne organization complete Schedule A? Note: All						п.	.,
	leted Schedule A					X Yes		No
•	es of perjury, I declare that I have exemined this return and complete Declaration of preparer (other than offi	. (.)		_	iy knowledge	e and belief, i	t is	
ine, conect,	Tomica King	cer) is dased on all illigitual	ion of which preparer has a	ny knowledge				—
Sign	Signature of officer			Date	74 10 1		ــــــــــــــــــــــــــــــــــــــ	—
Here	Tomica King, President			Y	Whol	-A-		
	Type or print name and title		· · · · · · · · · · · · · · · · · · ·					
	Print/Type preparer's name Pri	eparaf's etgnature	n Date	Check	T _{if}	PTIN		
Paid	Jeanette Edwards	Leanth Eder	lz 11-11-20			P013821	67	
Preparer	Firm's name Jeanette Edwards	, CPA, LLC		Firm's EIN				
Use Only	Firm's address 435 12th Street	· · · · · · · · · · · · · · · · · · ·						
	Bradenton FL 342	05		Phone no	941-44	17-0773		
May the IRS	discuss this return with the preparer shown abo	ove? See instructions			🕨	Yes	X N	No
EEA			···			Form 990	-EZ (2	2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

UR	BL	ESSINGS EARLY LEARNING C	<u>ENTER</u>				02-07389	62	
Par	<u>t []</u>	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part.) See instruction	IS	
he c	rgai	nization is not a private foundation bec	ause it is (For lines	s 1 through 12, check onl	y one box)			
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).		~1	
2		A school described in section 170(b)(1)(A)(II). (Attach	Schedule E (Form 990 c	r 990-EZ))		() \	
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A)(iil).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect i	ion 170(b)	(1)(A)(III). Enter the		
		hospital's name, city, and state							
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	overnment	al unit described in		
		section 170(b)(1)(A)(Iv). (Complete	Part II)						
6		A federal, state, or local government	or governmental u	ınıt described in section	170(b)(1)((A)(v).			
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	1)					
8		A community trust described in secti	ion 170(b)(1)(A)(vi	I). (Complete Part II)					
9		An agricultural research organization			rated in co	njunction \	with a land-grant coll	ege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions) Enter the	e name, cit	y, and state	e of the college or		
		university		•		-	•		
0		An organization that normally receive	s (1) more than 33	3 1/3% of its support from	contribution	ons, memb	ership fees, and gros	S	
		receipts from activities related to its e	exempt functions - s	subject to certain exception	ons, and (2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	511 tax) fi	rom businesses		
		acquired by the organization after Ju	ne 30, 1975 See s	section 509(a)(2). (Com	plete Part	III)			
1		An organization organized and opera		,	•				
2		An organization organized and operat	-	•			carry out the purpos	es	
		of one or more publicly supported or	-	•					
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization				-		=	
		the supported organization(s) the			• •	•			
		supporting organization You mu			•				
	b	Type II. A supporting organization	•	·	ith its supp	orted orga	nızatıon(s), by havın	g	
		control or management of the sup	•			_		_	
		organization(s) You must comp					3 11		
	С	Type ill functionally integrated	•		nection w	ith, and fur	nctionally integrated	with.	
		its supported organization(s) (se		•				,	
	d	☐ Type III non-functionally integr	•	•	•			ion(s)	
		that is not functionally integrated	• • • •	, ,				• •	
		requirement (see instructions) Y				•			
	е	Check this box if the organization	•				Type II. Type III		
	•	functionally integrated, or Type III				,	. , , , , , , , , , , , , , , , , , , ,		
	f	Enter the number of supported organ							
	g	Provide the following information about		ganization(s)					
		Name of supported organization	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of
	•	,	``	(described on lines 1-10	1 -	ir governing	support (see	other supp	
				above (see instructions))	docum	ent?	instructions)	ınstruct	ions)
					Yes	No			
A)									_
									_
B)									_
C)									
D)									
						-			
E)					1				
otal					1	,	1		

OUR BLESSINGS EARLY LEARNING CENTER 02-0738962

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support (b) 2013 (c) 2014 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2012 (d) 2015 (e) 2016 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 50,552 165,376 215,928 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 50,552 165,376 215,928 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) 215,928 Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 215,928 Amounts from line 4 50,552 165,376 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 . 215,928 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 0.00 % 15 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (e) 2016 (b) 2013 (c) 2014 (d) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . Gross receipts from activities that are not an unrelated trade or business under section 513 ... Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 . . Public support. (Subtract line 7c from Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Amounts from line 6 10a 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 c Add lines 10a and 10b . . . Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of 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	A. All	Supporting	g Organizations
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- 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 (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).
- B 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.)

	Yes	No
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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
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		L
b	A family member of a person described in (a) above?	11b		
<u> </u>	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		
	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,	,	n	, 1
	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
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? If "Yes," explain in Part		<u></u>	, ;
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	,,	, ,	، ، . أ
	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	,,	,	/~, < ł
	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			1 3
	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	÷ `,	7.	,
	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		
_	Many and the consequence of the	,	\ r.	
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		>`	r` -'- ¹
	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		İ
Sec	ion 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 year (see ins	struc	tions)):
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see in	struci	tions).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	,	*1	` ,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		-2-3	4
	those supported organizations and explain how these activities directly furthered their exempt purposes,		j)	
	how the organization was responsive to those supported organizations, and how the organization determined	``,	٠,	أننيا
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		4 3
_	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	Ť	ľ
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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		į ,
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	77		· . }
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	, ,	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<u></u>
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		, ,	
instructions for short tax year or assets held for part of year):		,	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		T
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		,	-
factors (explain in detail in Part VI)		,	,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	(
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	11		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally		ated Type III supporting	organization (see
instructions).		21	, , , , , , , , , , , , , , , , , , , ,

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exen							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity							
<u>3</u>	Administrative expenses paid to accomplish exempt purpose	ions						
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							
	(provide details in Part VI) See instructions.							
9_	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1_	Distributable amount for 2016 from Section C, line 6		<u>'</u>					
2	Underdistributions, if any, for years prior to 2016] ,		n n den a n de				
	(reasonable cause required - explain in Part VI) See	,						
	Instructions							
<u>3</u>	Excess distributions carryover, if any, to 2016		1,	, , ,				
a		,	<u> </u>	 				
ь		<u> </u>						
	From 2013	```	,					
	From 2014	· · · ·	, , , , , , , , , , , , , , , , , ,					
	From 2015	, , , , , , , , , , , , , , , , , , ,	., , , , ,					
	Total of lines 3a through e			· · · · · · · · · · · · · · · · · · ·				
	Applied to underdistributions of prior years		,,	· · · · · · · · · · · · · · · · · · ·				
	Applied to 2016 distributable amount							
_ <u>i</u> _	Carryover from 2011 not applied (see instructions)			The state of the s				
ㅗ	Remainder Subtract lines 3g, 3h, and 3i from 3f.			* * * * * * * * * * * * * * * * * * * *				
4	Distributions for 2016 from	,	, <u>*</u>	, , , , , , , , , , , , , , , , , , , ,				
	Section D, line 7 \$, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				
	Applied to underdistributions of prior years	? ,		, , , , , , , , , , , , , , , , , , ,				
	Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·					
	Remainder. Subtract lines 4a and 4b from 4			, , ,				
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h	`						
	and 4b from line 1. For result greater than zero, explain in	, '						
_	Part VI. See instructions	· · · · · · · · · · · · · · · · · · ·						
7	Excess distributions carryover to 2017 Add lines 3j			· · · · · · · · · · · · · · · · · · ·				
	and 4c.							
8	Breakdown of line 7			***************************************				
_ <u>a</u>	<u> </u>			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	Excess from 2013	72 1 -11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>	ه د ^ک ور در د				
	Excess from 2014	, , ,	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,				
	Excess from 2015		, , , , , , , , ,	* * * * * * * * * * * * * * * * * * * *				
_ <u>e</u>	Excess from 2016		, , , , , , , , , , , , , , , , , , ,					

	n 990 or 990-E2) 2016 1 age 0				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part				
· care vi	to Bank Control of the state of				
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section				
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,				
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,				
	od and ob, i are v, into i, i are v, cooling, into io, i are v, cooling b, into o, and o, and i are v, cooling b,				
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016 Open To Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number OUR BLESSINGS EARLY LEARNING CENTER 02-0738962 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes organization No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization from the principal amount by board or agreement? loan organization? committee? Yes Yes No Yes No Τo From No Advance on Х Х Х X (1) Tomica King President salary 28,152 28,152 (2) (3) (4) (5) 28,152 Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3)

(4)

(5)

Schedule L (Form 990 or 990-EZ) 2016 OUR BLESSINGS EARLY LEARNING CENTER

Page 2

02-0738962

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

m990. Inspection
Employer Identification number

OUR BLESSINGS EARLY LEARNING CENTER		02-0738962	
01. Description of other expenses (F	Part I, line 16)		
Description	Amount		
Food and Supplies	13,500		
Maintenance, upkeep and advertising	4,700		
Liability Insurance	6,149		
Payroll Taxes	5,182		
02. Description of other assets (Par	et II, line 24)		
Category	Beginning of Year	End of Year	
Accounts Receivable - Officer	0	28,152	
			_
			