



990-T

Department of the Treasury  
Internal Revenue Service

TC-014

A	<input type="checkbox"/> Check box if address changed
B	Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input checked="" type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)
C	Book value of all assets at end of year 36,223,788

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))2939320200442 8  
Form No. 1545-0687

2016

For calendar year 2016 or other tax year beginning 10/01/16, and ending 09/30/17

► Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t)

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Print or Type	Name of organization BLESSING CORPORATE SERVICES, INC. PATRICK GERVELER	D Employer identification number (Employees trust, see instructions) 37-1128706
	Number street, and room or suite no. If a P.O. box see instructions BROADWAY AT 11TH, P.O. BOX 7005	

City or town, state or province, country, and ZIP or foreign postal code  
QUINCY IL 62305-7005

F Group exemption number (See instructions) ►	G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity

► WEIGHT LOSS PROGRAM

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation  
►►  Yes  No

J The books are in care of ► PATRICK GERVELER

Telephone number ► 217-223-1200

## Part I Unrelated Trade or Business Income

1a	Gross receipts or sales	165,629	c Balance ►
b	Less returns and allowances		
2	Cost of goods sold (Schedule A, line 7)	96,394	
3	Gross profit Subtract line 2 from line 1c	69,235	
4a	Capital gain net income (attach Schedule D)		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		
c	Capital loss deduction for trusts		
5	Income (loss) from partnerships and S corporations (attach statement)		
6	Rent income (Schedule C)		
7	Unrelated debt-financed-income (Schedule E)		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		
10	Exploited exempt activity income (Schedule I)		
11	Advertising income (Schedule J)		
12	Other income (See instructions, attach schedule)		
13	Total Combine lines 3 through 12	69,235	

	(A) Income	(B) Expenses	(C) Net
1c	165,629		
2	96,394		
3	69,235		69,235
4a			
4b			
4c			
5			
6			
7			
8			
9			
10			
11			
12			
13	69,235		69,235

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15 33,448
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a 0
23	Depletion	22b 0
24	Contributions to deferred compensation plans	23
25	Employee benefit programs	24
26	Excess exempt expenses (Schedule I)	25 9,010
27	Excess readership costs (Schedule J)	26
28	Other deductions (attach schedule)	27
29	Total deductions Add lines 14 through 28	28 13,102
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29 55,560
31	Net operating loss deduction (limited to the amount on line 30)	30 13,675
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32 13,675
34	Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	33 1,000



SEE STATEMENT 1

**Part III Tax Computation**

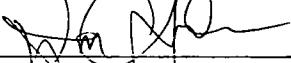
35	Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ► <input type="checkbox"/> See instructions and		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$	(2) \$	(3) \$	
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)	\$	
c	Income tax on the amount on line 34	►	35c 1,901
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	►	36
37	Proxy tax See instructions	►	37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income See instructions		39
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 1,901

**Part IV Tax and Payments**

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
c	General business credit Attach Form 3800 (see instructions)	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	<b>Total credits.</b> Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42	1,901	
43	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (alt. sch.)	43		
44	<b>Total tax</b> Add lines 42 and 43	44	1,901	
45a	Payments A 2015 overpayment credited to 2016	45a	601	
b	2016 estimated tax payments	45b	1,279	
c	Tax deposited with Form 8868	45c	200	
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ►	45g		
46	<b>Total payments.</b> Add lines 45a through 45g	46	2,080	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47		
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	179	
50	Enter the amount of line 49 you want Credited to 2017 estimated tax ►	50	179	Refunded ►

**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ►	Yes <input type="checkbox"/>	No <input type="checkbox"/>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file	Yes <input type="checkbox"/>	No <input type="checkbox"/>
53	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

<b>Sign Here</b> ► 	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 taxpayer) is based on all information of which preparer has any knowledge	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Paid Preparer Use Only</b>	Preparer's name: STEPHEN C. KOESTER, C.P.A.	Preparer's signature: 	Date: 06/06/18	Check <input type="checkbox"/> if self-employed PTIN P00342386
	Firm's name: GRAY HUNTER STENN LLP		Firm's EIN: 36-3077757	
	500 MAINE ST			
	Firm's address: QUINCY, IL 62301		Phone no: 217-222-0304	

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ► COST METHOD

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2 96,394	7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7 96,394
3 Cost of labor	3		
4a Additional sec. 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
b Other costs (attach schedule)	4b		X
5 Total Add lines 1 through 4b	5 96,394		

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1 Description of property

(1) N/A

(2)

(3)

(4)

## 2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b)	Enter here and on page 1, Part I, line 6, column (A) ►	

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ►
Total dividends-received deductions included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross inc	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1 Part I, line 8 column (A)	Add columns 6 and 11 Enter here and on page 1 Part I, line 8 column (B)

**Totals****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
	Enter here and on page 1 Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

**Totals**

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
	Enter here and on page 1 Part I line 10 col (A)	Enter here and on page 1 Part I line 10, col (B)				Enter here and on page 1 Part II line 26

**Totals****Schedule J – Advertising Income (see instructions)**

Part I	Income From Periodicals Reported on a Consolidated Basis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I ►</b>						
<b>Totals, Part II (lines 1-5) ►</b>	Enter here and on page 1, Part I line 11 col (A)	Enter here and on page 1 Part I line 11 col (B)				Enter here and on page 1 Part II, line 27
<b>Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)</b>						
1 Name	2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1) N/A			%			
(2)			%			
(3)			%			
(4)			%			
<b>Total</b> Enter here and on page 1, Part II, line 14 ►						

**Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

Description	Amount
ADVERTISING	\$ 300
TRAVEL	
RENT EXPENSE	6,586
SUPPLIES	319
OTHER	
FREIGHT	5,897
TOTAL	<u><u>\$ 13,102</u></u>