

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

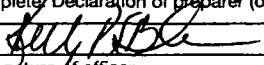
A For the 2015 calendar year, or tax year beginning JUNE 1 , 2015, and ending MAY 31 , 20 16	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KID'S HARBOR, A MINISTRY OF HARRISONBURG FIRST CHURCH Doing business as KID'S HARBOR Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1871 BOYERS ROAD City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22801 D Employer identification number 01-0717561 E Telephone number 540-434-1901 G Gross receipts \$ 761,729 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.kidsharbor.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2007 M State of legal domicile: VA	

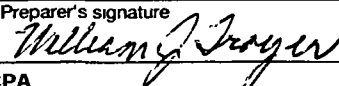
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DAY CARE FOR CHILDREN OF PARENTS IN OUR COMMUNITY. WE PROVIDE AGE-APPROPRIATE EDUCATION INCLUDING RELIGIOUS INSTRUCTION.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	0
	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)	1,331	1,630
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	714,172	747,361
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,936	2,643
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,122	1,946
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	721,561	753,580
	14 Benefits paid to or for members (Part IX, column (A), line 4)	13,591	8,802
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	601,881	624,514
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	82,377	71,431
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	697,849	704,747
	19 Revenue less expenses. Subtract line 18 from line 12	23,712	48,833
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)	287,161	310,226
	22 Net assets or fund balances. Subtract line 21 from line 20	56,801	44,022

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		11/9/16
	Signature of officer	Date
	Type or print name and title Kelly R S Blosser, Kids Harbor President	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM J. TROYER	Preparer's signature 	Date 11/5/16	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01264508
	Firm's name ▶ WILLIAM J. TROYER, CPA	Firm's EIN ▶ 46-5465151		Phone no 540-908-0142	
	Firm's address ▶ 2280 LAKE TERRACE DR., HARRISONBURG, VA 22802				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2015)

SCANNED DEC 16 2016

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