Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Α	For the	e 2019 ca	endar year, or tax year beginning		, and e	nding			
В	Check if a	applicable:	C Name of organization Blessing the	Children International			D Employer	identification	on number
	Address	change	Doing business as						
\Box		-	Number and street (or P.O. box if mail is no	ot delivered to street address)	Room/suite		38-3591372	<u> </u>	
Ш	Name ch	ange	2265 Fraser Road			1	E Telephone	number	
	Initial retu	urn	City or town	State	ZIP code		(000) 667 0	0.50	
\Box	-		Kawkawlin	MI	48631-914	5	(989) 667-8	000	
Ш	Final return	n/terminated	Foreign country name Foreig	n province/state/county	Foreign postal	code			
	Amended	d return					G Gross rece	eipts \$	161,436
一	A II 4i .		F Name and address of principal officer:			11/-> 1- 4	-i		? Yes X No
ш	Application	on pending		I. I. II. MI 40004.04	4.45	` ,	nis a group return fo		
			Keith V. Strawn 2265 Fraser Road,	Kawkawiin, ivii 48631-9	145		e all subordinate		Yes No
ı	Tax-exer	mpt status:	X 501(c)(3) 501(c) ()		or 527	If "	'No," attach a lis	t. (see instru	ictions)
J	Website	: Nw	v.blessingthechildren.org			H(c) Gro	oup exemption r	number 🕨	
K	Form of	organization	: X Corporation Trust Associ	iation Other ►	L Yea	r of forma	ation: 2001	M State	of legal domicile: MI
	Part I	Sui	mmary		<u> </u>		2001		- 1411
_	1		escribe the organization's mission o	most significant activitie	s· To n	reach t	each and pu	ıblish the	Gospel
မွ		-	tangible measures of caring for orph	_					00000.
ă			h the children and to minister in the						
Governance			——						
8	2		nis box ▶ if the organization di	•				of its net a	issets.
Ğ	3	Number	of voting members of the governing	body (Part VI, line 1a) .				3	8
∞5 ທ	4	Number	of independent voting members of t	he governing body (Part '	VI, line 1b).			4	8
Activities &	5	Total nu	mber of individuals employed in cale	ndar year 2019 (Part V, I	line 2a) . .			5	3
∑	6		mber of volunteers (estimate if nece					6	12
Ą	7a		related business revenue from Part					7a	0
	b		elated business taxable income from					7b	0
	- 5	NGC GITTE	dated business taxable income nom	1 01111 330-1, 11110 33		· · ·	Prior Year	7.0	Current Year
		Contribu	itions and grants (Dort VIII line 1h)					0.052	
ne	8		itions and grants (Part VIII, line 1h).				202	2,052	161,436
Revenue	9		service revenue (Part VIII, line 2g)					0	0
ě	10		ent income (Part VIII, column (A), lin					0	0
	11		venue (Part VIII, column (A), lines 5					0	0
	12	Total rev	enue—add lines 8 through 11 (must eq	ual Part VIII, column (A), li	ne 12)		202	2,052	161,436
	13	Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1–3)				0	0
	14	Benefits	paid to or for members (Part IX, col	umn (A), line 4)				0	0
Ś	15	Salaries,	other compensation, employee benefit	s (Part IX, column (A), line	s 5–10) . .		33	3,716	37,205
JSe	16a		onal fundraising fees (Part IX, colum		,			0	0
Expenses	b		ndraising expenses (Part IX, column	;	0				
Ä	17		penses (Part IX, column (A), lines 1				152	2,872	113,650
	18		penses. Add lines 13–17 (must equa					5,588	150,855
			e less expenses. Subtract line 18 fro					5,464	
- 5	ู 19	Nevenu	e less expenses. Subtract line 10 no	111 11116 12		Reginn	ing of Current		10,581 End of Year
Net Assets or	20	Total on	note (Part V. line 16)		,	Degiiii		6.093	
\ss(20		sets (Part X, line 16)					,	30,274
let /	21		bilities (Part X, line 26)					2,177	5,754
			ets or fund balances. Subtract line 2	i from line 20			13	3,916	24,520
	art II		nature Block						
			 I declare that I have examined this return, inc and complete. Declaration of preparer (othe 				•	•	
and	bollot, it i	13 (1 dc, conc	ot, and complete. Bediaration of preparer (other	T than onlocky is based on all line	ormation or writer	гргораго	Thas arry known		22/2020
Si	gn		Cianatura of officer				Dete	4/2	.2/2020
He	ere		Signature of officer				Date		
			Keith V. Strawn						
		<u> </u>	Type or print name and title	1		1			1
_		Prin	/Type preparer's name	Preparer's signature		Date		hock	PTIN if
Pa								heck elf-employed	
Pr	eparer							on-omployed	'
Us	e Only	y Firm	's name				Firm's EIN		
		-	's address ►				Phone no.		
1/10	v tha IE	29 discus	s this return with the preparer showr	above? (see instruction	<u> </u>				Vos X No

Pa	rt III			vice Accomplishm Is a response or not		Part III.........	
1	Briefly de	escribe the organiz					
-	•	•		rough tangible measu	res of caring for orphar	ns and	
					se less fortunatee and		
	minister i	n the local church	es in Ethiopia ar	nd partnering with like-	minded 501(c)(3)		
		tions to do the san					
2		-			during the year which w	The state of the s] v [v]
	•	Form 990 or 990-t describe these nev					Yes X No
2	•				uoo in how it conducts	any program	
3					es in how it conducts,		Yes X No
		describe these cha					les 🗡 140
4			-		r each of its three large	st program services, as measu	ured by
-		_			_	unt of grants and allocations to	-
	•	` , ,	, ,,,,	each program service	•	J	·
4a	(Code:		Expenses \$	82,139 includin) (Revenue \$)
					ation, meals, housing, f		
	upplimen	ts, medical care a	nd spiritual guida	ance. Provided staff a	nd leaders to minister t	o the	
	supporte	d children's needs	<u>.</u>				
4b	(Code:) (E	Expenses \$	20,567 includin	g grants of \$) (Revenue \$)
	Evangeli	zation of the Ethio	pian people in E	thiopia, Africa, sendin	g teams & missionaries	ъ. То	
					ering to the poor. Team	s also work	
	in local c	hurches in Debre 2	Zeyit, Ethiopia to	reach the lost.			
4c	(Code:) (E	Expenses \$	4,140 includin	g grants of \$) (Revenue \$)
	Operated	l an elementary so	chool for 362 und	derprivledged children.	Worked with churches	and other	
					ministries to spread th		
	Gospel n	nessage. Accompl	ish special proje	cts in impoverished co	ommunities in Ethiopia,	Africa.	
4d	Other pro	ogram services (De	escribe on Sche	dule O.)			
4d	Other pro	-		dule O.) ng grants of \$	0) (Rever	nue \$ 0)	

Part IV Blessing the Children International

Checklist of Required Schedules Part IV

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			V
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			^
O	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۳		
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
_	Schedule D. Part VI	11a		Χ
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		Χ
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X	11e		Χ
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		V
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		Х
ıza	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>	120		
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Χ
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Χ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Χ
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		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20a	3 1	20a		Χ
b	., .	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		Χ

			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		Χ
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	23		_
242	employees? <i>If "Yes," complete Schedule J</i>	23		Х
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ť
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			\ ,
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV.	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
С	If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Ť
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	JJa		\vdash
~	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
В-	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance		ĺ	
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Entantha number namental in Day 2 of Farm 4000 Entan 0 March and Back 1		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	gaming (gambling) winnings to prize winners?	10	X	

Par	Statements Regarding Other IRS Filings and Tax Compliance (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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	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		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
6a	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- -		
	required to file Form 8282?	7c		Х
d	· · · · · · · · · · · · · · · · · · ·	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_^
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	Χ	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Govern

Sect	on A. Governing Body and Management				
	general genera			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations				
_	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under		_		
Ū	supervision of officers, directors, trustees, or key employees to a management company or other p		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Х
5	Did the organization make any significant changes to its governing documents since the prior rolling 350 was Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
	Did the organization have members or stockholders?		6		Х
6	· · · · · · · · · · · · · · · · · · ·		0		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		7-		V
	one or more members of the governing body?		7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				· ·
_	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			
	the year by the following:			\ <u>'</u>	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		_		
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternai Revenue C</u>	oae.		
40-	Did the appeniation have lead shouters broughed an efficience		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such or		401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	- T	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t	re filing the form?.	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could go to the country of the country		12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If the policy?		40		
40	describe in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		Χ
15	Did the process for determining compensation of the following persons include a review and appro	=			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang				
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	_			
0 1	the organization's exempt status with respect to such arrangements?	<u> </u>	16b		
	ion C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed MI	and 000 T (04: 1	04/-		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	•	001(C))	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply only was haite.	· =			
40		plain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	icy,		
20	and financial statements available to the public during the tax year.	ooko and roos			
20	State the name, address, and telephone number of the person who possesses the organization's by	()			
	Keith V. Strawn 2265 Fraser Road, Kawkawlin, MI 48631	(989) 667-8850			
	4400 1435 1040 1040 1050 10				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, 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 (D), (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 reportable 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.

See instructions for the order in which to list the persons above.

	and the second s					
Check this box if neither the	arganization nor any	rolated ergonization	componented any	Laurrant afficar	diroctor	or tructoo
Check this box it heimer the	Organization nor any	/ related ordanization	compensated any	, currem omcer.	anecior.	or musice

	,			•			•			
(A) Name and title	(B) Average hours per week (list any hours for related	box, unles		ess perso nd a dire		re than one in is both an otor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	trustee r	al trustee		oyee	Highest compensated employee				
(1) Keith V. Strawn	16.00									
President	0.00	Χ		Х				11,509		
(2) Melissa M. Cornelius	24.00									
Corporate Secretary	0.00	Χ		Χ				7,151		
(3) Daniel J. Lincoln	1.00									
Vice President	0.00	Χ		Х						
(4) Tamara S. Clarke	1.00									
Director	0.00	Χ								
(5) Jeffery Englehart	1.00									
Director	0.00	Χ								
(6) Daniel L. Lincoln	1.00									
Director	0.00	Χ								
(7) Scott A. Green	1.00									
Director	0.00	Χ								
(8) Nelson Salgado	1.00									
Director	0.00	Х								
(9)										
(10)										
(11)		:								
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH b	ighes	t C	ompensated Em	ployees (cont	<u>inued)</u>	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirect	e than or/trust employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC) org	(F) mated amount of other ompensation from the anization and d organizations
(15)												
(16)												
(17)												
(21)												
(22)												
(23)												
(24)												
1b	Subtotal							▶	18,660		0	0
С	Total from continuation sheets to Part VII, Se	ection A						•	0		0	0
<u>d</u> 2	Total (add lines 1b and 1c)								18,660 more than \$100		0	0
	reportable compensation from the organization			1001	σ, .	*****	1000		more than \$100	,000 01		0
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>										3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable con	npen	satio	n a	nd o	other	con	npensation from		4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			-			_			5	X
Sec	tion B. Independent Contractors	•										
1	Complete this table for your five highest compe compensation from the organization. Report co										s tax y	ear.
	(A) Name and business addi								(B) Description of serv		(C) ensation
-												0
												0
-												0
												0
2	Total number of independent contractors (include more than \$100,000 of compensation from the			tho	se l	iste	d abo	ve) 0				

Page 9

Part VIII	Statement of Revenue

		Check if Schedule O contains a respons	se or r	note to any line in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512–514
S S	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
g G	С	Fundraising events	1c	0				
fts, r Aı	d	Related organizations	1d	0				
, Gi	е	Government grants (contributions)	1e	0				
ns, Sim	f	All other contributions, gifts, grants, and						
utio er (similar amounts not included above	1f	161,436				
ribi Cth	g	Noncash contributions included in		,				
onti od C	3	lines 1a–1f	1g	\$ 0				
a Č	h	Total. Add lines 1a–1f			161,436			
				Business Code	101,100			
e	2a		ľ		0			
کا ج	b				0			
yram Serv Revenue	C				0			
m (d				0	•		
ara Re	٠		 		0			
Program Service Revenue	f	All other program service revenue	·		0			
Ф.	a	Total. Add lines 2a–2f		•	0			
	3	Investment income (including dividends, int						
		other similar amounts)			0			
	4	Income from investment of tax-exempt bond			0			
	5	•	•		0			
	3	Royalties	1	(ii) Personal	0			
	6a	Gross rents 6a		()				
	b	Less: rental expenses . 6b						
	C	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)	U		0			
	7a	_ ` ` ` ` ` ` ` `	ies .	(ii) Other	0			
	, a	sales of assets		(.,)				
		other than inventory 7a	0	0				
Ō	b	Less: cost or other basis						
Revenue		and sales expenses 7b	0	0				
ЭVе	_	Gain or (loss) 7c	0	0				
	c d	Net gain or (loss)			0			
her	8a	Gross income from fundraising			0			
Oth	ou	events (not including \$ 0						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	C	Net income or (loss) from fundraising event			0			
		Gross income from gaming activities.						
		See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
		Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less			J			
	iou	3.	10a	0				
	b		10b	0				
		Net income or (loss) from sales of inventory			0			
	C	THE INCOME OF (1055) HOME SAIRS OF INVENTORY	, <u>.</u>	Business Code	U			
Snc	11a			Dusiness Oute	0			
nec	b				0			
cellaneo Revenue	C				0			
sce Re	d	All other revenue			0			
Miscellaneous Revenue		Total. Add lines 11a–11d	L	▶	0			
	12	Total revenue. See instructions			161,436		0	,
	14	I GLAI I EVEITUE. GEE III SUUGUUTS	<u></u> .	<u> </u>	101,430			1

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All other organizations must comp	olete column (A).
--	---	--	-------------------

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
_	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	U							
5	Compensation of current officers, directors, trustees, and key employees	34,561	23,052	11,509					
6	Compensation not included above to disqualified	34,301	23,032	11,509					
U	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include	J							
_	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	2,644	1,763	881					
11	Fees for services (nonemployees):								
а	Management	0							
b	Legal	0							
С	Accounting	4,000		4,000					
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column	_							
	(A) amount, list line 11g expenses on Schedule O.)	0		0					
12	Advertising and promotion	10	00	10					
13	Office expenses	8,993	30	8,963					
14	Information technology	2,498 0		2,498					
15 16	Royalties	11,767		11,767					
17	Travel	8,837	7,569	1,268					
18	Payments of travel or entertainment expenses	0,007	7,505	1,200					
10	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	4,717	1,604	3,113					
21	Payments to affiliates	0	,	,					
22	Depreciation, depletion, and amortization	0	0	0	0				
23	Insurance	0							
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
a	Program Services	72,828	72,828						
b		0							
C		0							
d	All other expanses	0							
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	150,855	106,846	44,009	0				
25 26	Joint costs. Complete this line only if the	150,655	100,040	44,009	0				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

38-3591372

Part X Balance Sheet

1			Check if Schedule O contains a response of	note to any line in this Part X			
Cash—non-interest-bearing 16,093 1 13,425					(A)		(B)
Pledges and grants receivable, net.					Beginning of year		End of year
3 Pledges and grants receivable, net. 0 3 0 0		1	Cash—non-interest-bearing		16,093	1	13,425
A Accounts receivable, net. 0 4 0		2	Savings and temporary cash investments	[0	2	0
A Accounts receivable, net. 0 4 0		3	Pledges and grants receivable, net		0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10a Land, buldings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation. 10c Loans, and and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—publicly traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 16 Og3 16 30,274 17 Accounts payable and accrued expenses. 20 Tax-exempt bond liabilities. 21 Excounts payable and accrued expenses. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 28 Secured mortgages and notes payable to unrelated third parties. 29 Other liabilities (including federal income tax, payables to related third parties. 20 Other liabilities. Add lines 17 through 25. 21 Excounts payable and accrued expenses. 22 Total liabilities. Add lines 17 through 25. 23 Secured mortgages and notes payable to unrelated third parties. 20 Other liabilities (including federal income tax, payables to related third parties. 21 Complete lines 27, 28, 32, and 33. 22 Capital stock or trust principal, or current funds. 23 Paid-in or capital surplus, or fund balances. 24 Unsecured notes and loans payable to unrelated third parties. 21 Complete lines 27, 28, 32, and 33. 22 Capital stock or trust principal, or current funds. 23 Paid-in or capital surplus, or fund balances. 24 Unsecured notes and loans payable to unrelated find parties.		4		0	4	0	
Controlled entity or family member of any of these persons. 0 5 0		5	Loans and other receivables from any current of				
Constant of the receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			trustee, key employee, creator or founder, subs				
United section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			controlled entity or family member of any of the	0	5	0	
7		6	Loans and other receivables from other disqualit				
10a	ets		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)	0	6	0
10a		7	Notes and loans receivable, net		0	7	0
10a	SS	8	Inventories for sale or use		0	8	0
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b	⋖	9		F	0	9	0
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b		10a	Land, buildings, and equipment: cost or				
11 Investments—publicly traded securities 0 11 16,849 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 16,093 16 30,274 17 Accounts payable and accrued expenses 2,177 17 5,754 18 Grants payable 0 18 0 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 20 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 22 Loans and other payable to unrelated third parties 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 2 2 0 26 Total liabilities. Add lines 17 through 25 2,177 26 5,754 27 Net assets with donor restrictions 0 28 0 29 Organizations that follow FASB ASC 958, check here				10a 0			
11 Investments—publicly traded securities 0 11 16,849 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 16,093 16 30,274 17 Accounts payable and accrued expenses 2,177 17 5,754 18 Grants payable 0 18 0 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 20 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 22 Loans and other payable to unrelated third parties 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 2 2 0 26 Total liabilities. Add lines 17 through 25 2,177 26 5,754 27 Net assets with donor restrictions 0 28 0 29 Organizations that follow FASB ASC 958, check here		b	Less: accumulated depreciation	10b 0	0	10c	0
12 Investments—other securities. See Part IV, line 11. 0 12 0 0 13 10 14 Intangible assets. 0 14 10 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0		11	Investments—publicly traded securities		0	11	16,849
13 Investments—program-related. See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 16,093 16 30,274 17 Accounts payable and accrued expenses 2,177 17 5,754 18 Grants payable 0 18 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 0 0 0 0 0 0		12		The state of the s	0	12	0
14 Intangible assets. 0 14 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0		13		0	13	0	
15 Other assets. See Part IV, line 11		14	· -	The state of the s	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 33) 16,093 16 30,274 17 Accounts payable and accrued expenses 2,177 17 5,754 18 Grants payable 0 18 0 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 25 0 26 Total liabilities. Add lines 17 through 25 2,177 26 5,754 Organizations that follow FASB ASC 958, check here		15			0	15	0
17		16			16,093		30,274
18 Grants payable 0 18 0 0 19 0 0 0 19 0 0 0 0 0 0 0 0 0		17				17	
19 Deferred revenue 0 19 0 0 19 0 0 19 0 0 20 0 0 0 0 21 0 0 21 0 0 22 0 0 0 21 0 0 22 0 0 0 21 0 0 22 0 0 0 21 0 0 22 0 0 0 0 21 0 0 0 21 0 0 0 21 0 0 0 21 0 0 0 21 0 0 0 21 0 0 0 21 0 0 0 21 0 0 0 0 21 0 0 0 21 0 0 0 0 21 0 0 0 0 21 0 0 0 0 21 0 0 0 0 0 0 0 0 0		18			18		
Tax-exempt bond liabilities 0 20 0 0		19	· · ·	0	19	0	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			0	20	0
Secured mortgages and notes payable to unrelated third parties. 0 23 0 0 0 0 0 0 0 0 0		21	·	Į -	0		0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	S	22	· · · · · · · · · · · · · · · · · · ·				
Unsecured notes and loans payable to difference third parties	Ħ						
Unsecured notes and loans payable to difference third parties	ğ			r e	0	22	0
Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Organization or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Other liabilities (including federal income tax, payables to related third parties. O 25 0 25 0 25 0 27, 177 26 5,754 31,916 27 24,520 0 28 0 29 0 30 0 30 0 31 0 31 0 32 0 31 0 32 0 34,520	Ë	23		- I	0		0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0		0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25		· · · · · · · · · · · · · · · · · · ·			
Part X of Schedule D. 0 25 0 Total liabilities. Add lines 17 through 25 2,177 26 5,754 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. Net assets with donor restrictions 13,916 27 24,520 Net assets with donor restrictions 0 28 0 Organizations that do not follow FASB ASC 958, check here ▶ And complete lines 29 through 33. Capital stock or trust principal, or current funds 0 29 0 Paid-in or capital surplus, or land, building, or equipment fund 0 30 0 Retained earnings, endowment, accumulated income, or other funds 13,916 32 24,520				' -			
26 Total liabilities. Add lines 17 through 25 2,177 26 5,754 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 13,916 27 24,520 28 Net assets with donor restrictions 0 28 0 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0 29 0 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 0 31 Retained earnings, endowment, accumulated income, or other funds 0 31 0 32 Total net assets or fund balances 13,916 32 24,520			•	•	0	25	0
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26			2,177	26	5,754
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	- S						
Net assets without donor restrictions	JCe			CONTIONED X			
Net assets with donor restrictions	lar	27			13 916	27	24 520
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0 29 0 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 0 31 Retained earnings, endowment, accumulated income, or other funds 0 31 0 32 Total net assets or fund balances 13,916 32 24,520 33 Total liabilities and net assets/fund balances 16 093 33 30 274	Ã						
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Б						
Capital stock or trust principal, or current funds	Ŀ		<u> </u>				
30 Paid-in or capital surplus, or land, building, or equipment fund	ō	20			<u> </u>	20	0
31 Retained earnings, endowment, accumulated income, or other funds)ts						
32 Total net assets or fund balances	SS			F			
2 33 Total liabilities and net assets/fund balances 16.093 33 30.274	t A						
	Š						

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Blessing the Children International

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.

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

Employer identification number 38-3591372

	rt I							
	orga	anization is not a private foundat	•	_	-		•	
1 2	H	A church, convention of church A school described in section 1				. , . ,	(A)(I).	
3	H	A hospital or a cooperative hos		·			i)	
4	H	A medical research organizatio			•	,,,,,,,	•	iter the
7	ш	hospital's name, city, and state	•	notion with a nospital c	icocribed			
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 170	(b)(1)(A)(v).	
7	Ш	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9	Ш	An agricultural research organior university or a non-land-graruniversity:						
10	Χ		to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a				
b)	Type II. A supporting organic control or management of the organization(s). You must o	ne supporting organi	ization vested in the sa				
C	;	Type III functionally integral its supported organization(s						rated with,
d	ı	Type III non-functionally in that is not functionally integr	ntegrated. A suppor ated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nection with	vith its supported org quirement and an att	
	. 1	requirement (see instruction Check this box if the organize						o III
е	,	functionally integrated, or Ty					турет, турет, тур	e III
f		Enter the number of supported	•					0
g		Provide the following information Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of Supported Organization	(ii) Liiv	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al						0	0

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						0
2	include any "unusual grants.")						0
2	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the o	•		•	` ' '	` '	T
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2019 (line 6, c	column (f) divided b	y line 11, column (f))		14	0.00%
15	Public support percentage from 2018 Sched	ule A, Part II, line 1	4			15	0.00%
16a	33 1/3% support test—2019. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	s a publicly support	ed organization .				
b	33 1/3% support test—2018. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets to Part VI how the organization meets the "fact organization	the "facts-and-circu s-and-circumstance	mstances" test, ch es" test. The organ	eck this box and s ization qualifies as	top here. Explain a publicly supported	in ed	▶
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization metaplain in Part VI how the organization meet supported organization	eets the "facts-and ts the "facts-and-cir	-circumstances" te cumstances" test.	est, check this box The organization o	and stop here. qualifies as a public	cly	▶ □
18	Private foundation. If the organization did instructions						. ▶ □

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	185,214	172,817	158,193	202,052	161,436	879,712
2	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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	185,214	172,817	158,193	202,052	161,436	879,712
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	5,008	3,549	1,980	2,161	2,000	14,698
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	29,802	14,876	19,786	53,728	32,926	151,118
С	Add lines 7a and 7b	34,810	18,425	21,766	55,889	34,926	165,816
8	Public support (Subtract line 7c from						
	line 6.)						713,896
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	185,214	172,817	158,193	202,052	161,436	879,712
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	185,214	172,817	158,193	202,052	161,436	879,712
14	First five years. If the Form 990 is for the or	-					. —
	organization, check this box and stop here .						P
Sec	ction C. Computation of Public Sup					1	
15	Public support percentage for 2019 (line 8, co	* *	•			15	81.15%
16	Public support percentage from 2018 Schedu					16	82.23%
Sec	ction D. Computation of Investmen	t Income Perc	entage			1	
17	Investment income percentage for 2019 (line		-			17	0.00%
18	Investment income percentage from 2018 Sc					18	0.00%
19a	33 1/3% support tests—2019. If the organiz						, I
	not more than 33 1/3%, check this box and s				-		▶ X
b	33 1/3% support tests—2018. If the organization 18 is not more than 33 1/3% shock this line.						⊾ □
	line 18 is not more than 33 1/3%, check this l		_				
20	Private foundation. If the organization did n	ot check a box on	iine 14, 19a, or 19l	b, check this box a	na see instructions		

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

- 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.)

i		Yes	NO
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	40		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	. 54		
	10b		
rm (990-F7	2010

Schedu	le A (Form 990 or 990-EZ) 2019 Blessing the Children International	38-3591372	F	age 5
Part	Supporting Organizations (continued)			1
		_	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?	116		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P		_	
_	ion B. Type I Supporting Organizations	1110	<u> </u>	1
	J		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	ne		
	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 suppo			
_	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	2011		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	rart		
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
0001	on or type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	ors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr			
	or management of the supporting organization was vested in the same persons that controlled or manage	ed		
	the supported organization(s).	1		
Secti	ion 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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provi-			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
	the organization maintained a close and continuous working relationship with the supported organization			
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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year The organization satisfied the Activities Test. Complete line 2 below.	ear (see instructio i	ns).	
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 governmental entity.	ent entity (see instru	ctions)	
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 purpose			
	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 purpose			
	how the organization was responsive to those supported organizations, and how the organization determ that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or n			
	of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI</i>			
	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 its supported organizations? If "Yes." describe in Part VI the role played by the organization in this requ	ard. 3b		1

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	•		•
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		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	П		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ly integ	rated Type III supporting o	organization (see
instructions).	J		

Schedul	e A (Form 990 or 990-EZ) 2019 Blessing the Children Internatio	nal	3	B-3591372 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
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.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1	din din	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
<u>C</u>	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2019 distributable amount			0
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	-
b		0		0
	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result		•	
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			^
	Part VI. See instructions.			0
7	Excess distributions carryover to 2020. Add lines 3j	_		
	and 4c.	0		
8	Breakdown of line 7: Excess from 2015			
<u>a</u>				
b	E (00/E			
	Excess from 2018			
d	Excess from 2019			
=	LAUGUU II UII EU I U			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Employer identification number

Bles	sing the Children Interna	tional				38-3591372
Pa	General Inform Form 990, Part IV		vities Outside	e the United States. Com	plete if the organization ans	wered "Yes" on
1	other assistance, the gra	antees' eligibility	for the grants or	ds to substantiate the amoun assistance, and the selection	n criteria used to	Yes X No
2	For grantmakers. Descoutside the United State		e organization's	procedures for monitoring the	e use of its grants and other	assistance
3	Activities per Region. (T	he following Par	t I, line 3 table ca	an be duplicated if additional	space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Middle East and North Africa	1	6	Program Services	Providing food, education and housing to orphans	72,828
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11))					
(12)						
(13)						
(14)						
(15)						
(16)	1					
(17)						
	Subtotal	1	6			72,828
J	sheets to Part I	0	0			0

72,828

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019 Blessing the Children International 38-3591372 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN cash grant organization grant cash noncash of noncash assistance valuation (if applicable) (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14) (15)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-	-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
3	Enter total number of other organizations or entities	>

(16)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

line 16. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
<u>(10)</u>								
<u>(11)</u>								
<u>(12)</u>								
<u>(13)</u>								
<u>(14)</u>								
<u>(</u> 15)								
(16)								
(17)								
(18)								

|--|

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Employer identification number Name of the organization Blessing the Children International 38-3591372 Form 990, Part IV, Section A, Line 2: Daniel J Lincoln & Daniel L Lincoln are father/son, and Keith Strawn & Melissa Cornelius are father/daughter. Form 990, Part VI, Section B, Line 11b: The 990 was distributed via email and then reviewed and accepted during the annual meeting of the board of directors. Form 990, Part VI, Section C, Line 19: The 990 for public inspection, conflict of interest policy, and other policies are posted on our public website and available upon written request.

Schedule O (Form 990 or 990-EZ) (2019)		Page	2
Name of the organization	Employer identification number	•	
Blessing the Children International	38-3591372		
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