



October 28, 2024

THE BLESSING BOARD 880 BUTLER STREET PITTSBURGH, PA 15223

THE BLESSING BOARD:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 Pennsylvania Form BCO-10

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

JOSEPH C. ZOVKO

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

THE BLESSING BOARD 880 BUTLER STREET PITTSBURGH, PA 15223

Prepared By:

Louis Plung & Company LLP 420 Ft. Duquesne Blvd Ste 1900 Pittsburgh, PA 15222

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form 990

** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 1 /ไ

		of the Treasury enue Service						
A For the 2023 calendar year, or tax year beginning and ending								
	heck if pplicat	ole: C Name o	C Name of organization D Employer identification					
	Addr	ess THE	BLESSING BOARD					
	Name Chan		usiness as		27-277556	56		
	Initia		and street (or P.O. box if mail is not delivered to street address)	Room/su	uite E Telephone number			
	Final returr	n/ 000	BUTLER STREET		(412) 828	3-1055		
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,268,299.		
	Amer		SBURGH, PA 15223		H(a) Is this a group re			
	Appli dion pend	F Name a	nd address of principal officer: GUNTHER HEHN			? Yes X No		
	-	SAME	AS C ABOVE		H(b) Are all subordinates in			
		empt status:) or 🔄 !		list. See instructions		
	Vebs		BLESSINGBOARD.ORG		H(c) Group exemption			
	orm o art l		X Corporation Trust Association Other	L Y	ear of formation: 2010 N	I State of legal domicile: PA		
Га	l	Summary			משמימים מ			
e	1		e the organization's mission or most significant activities: <u>VOL</u> CENTERED MINISTRY RECEIVING AND R					
ano	2	Check this bo						
Governance	3					11		
ĝ	4		ependent voting members of the governing body (Part VI, line 12)			11		
	5		of individuals employed in calendar year 2023 (Part V, line 2a)			27		
ities	6		of volunteers (estimate if necessary)		229			
Activities &			d business revenue from Part VIII, column (C), line 12		0.			
Ă			business taxable income from Form 990-T, Part I, line 11			0.		
			Prior Year	Current Year				
•	8	Contributions	and grants (Part VIII, line 1h)	-	774,713.	881,350.		
Revenue	9		ce revenue (Part VIII, line 2g)	ſ	61,479.	63,147.		
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		270,147.	318,800.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,106,339.	1,263,297.		
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		249,204.	304,614.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.			
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	465,531.	531,589.			
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.		
xpe	b		ng expenses (Part IX, column (D), line 25) 123, 8					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		599,299.	660,501.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,314,034.	1,496,704.		
	19	Revenue less	expenses. Subtract line 18 from line 12		-207,695.	-233,407.		
Net Assets or				ŀ	Beginning of Current Year	End of Year		
sset	20	Total assets (I	, , ,		5,746,022.	5,353,140.		
et A.	21		(Part X, line 26)	E CONTRACTOR OF CONTRACTOR	5,213,643.	5,054,168.		
	22 art II		fund balances. Subtract line 21 from line 20		532,379.	298,972.		
				loc and atat	amonte and to the heat of my	knowledge and belief it is		
			I declare that I have examined this return, including accompanying schedu Declaration of preparer (other than officer) is based on all information of			KIIOWIEUYE AIIU DEIIEI, IL IS		
uue,	COLLE	or, and complete		илиси ргера	a or mas any knowledge.			

Sign	Signature of officer			Date			
Here	GUNTHER HEHN, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	JOSEPH C. ZOVKO	JOSEPH C. ZOVKO		self-employed P00299402			
Preparer	Firm's name LOUIS PLUNG & COM	PANY LLP		Firm's EIN 25-1637458			
Use Only	Use Only Firm's address 420 FT. DUQUESNE BLVD STE 1900						
	PITTSBURGH, PA 15	222		Phone no. (412) 281-8771			
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) THE BLESSING BO		27-277	5566 Page 2
Par	t III Statement of Program Service Accor	plishments		
	Check if Schedule O contains a response or note	to any line in this Part III		
1	Briefly describe the organization's mission:			
•	VOLUNTEER DIRECTED CHRIST-CE	NTERED MINIST	BY RECEIVING AND REWAR	DINC
			KI KECEIVING AND KEWAK	DING
	FURNITURES AND HOUSEHOLD GOO	- 2U -		
2	Did the organization undertake any significant program	services during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signific	ant changes in how it can	ducto any program convision?	Yes X No
3		and changes in now it con	ducts, any program services?	
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplish			
	Section 501(c)(3) and 501(c)(4) organizations are require	d to report the amount of	grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 1,217,136	 including grants of \$ 	304,614.) (Revenue \$	284,743.
	THE BLESSING BOARD(TBB) PROV			TO THOSE
	IN NEED AT NO COST TO THEM.		SERVED 1,415 FAMILIES,	
	REPRESENTING 3,557 INDIVIDUA			
	-		•	
			RE, APPLIANCES AND HOU	
	GOODS SUCH AS BEDDING AND KI		N 2023, TBB EXPANDED T	
	PROGRAM TO INCLUDE GIVING GE	NTLELY USED H	OME MEDICAL EQUIPMENT	SUCH AS
	WALKERS, WHEELCHAIRS AND ROL	LATORS. THE	COLLECTION AND DISTRIB	UTION OF
	ITEMS WAS ACCOMPLISHED WITH	OVER 200 VOLU	NTEERS PROVIDING 13,54	1 HOURS.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·		. <i></i>	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)			
4d				\ \
	(Expenses \$ including grants of	<u>\$</u> 17 196) (Revenue \$)
4e	Total program service expenses 1, 2	17,136.		
				Form 990 (2023)
332002	12-21-23			
		2		

Form	990	(2023)

 Form 990 (2023)
 THE
 BLESSING
 BOARD

 Part IV
 Checklist of Required Schedules
 Ended Schedules
 Ended Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 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			
10	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, VII, VII, IX, or X,			
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		44-	х	
	Part VI	11a	Λ	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		Х
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	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		х
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 THE
 BLESSING
 BOARD

 Part IV
 Checklist of Required Schedules
 (continued)

			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	Х	
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 employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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		x
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 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
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? If "Yes," complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h		28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	- 23
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 23	
30		30		x
24	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
00	Schedule N, Part II	32		
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
o-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Par	Part V 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,				165	NO	
	filed for the calendar year ending with or within the year covered by this return	2a	27				
b							
3a							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		X	
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 A		. ,	5a		v	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>			
6a				6a		х	
h	any contributions that were not tax deductible as charitable contributions?			Ua			
	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).			6b			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					X	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e				
•				8			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a			
a b				9a 9b			
10	Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related persons			50			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		•				
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
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	401	I				
•	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c					
с 14а		<u> </u>	I	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			110			
	excess parachute payment(s) during the year?			15		х	
	If "Yes," see the instructions and file Form 4720, Schedule N.			_			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	;				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.				0000		
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Form 990	(2023)
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THE BLESSING BOARD

Section A. Governing Body and Management

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule C contains a response of hote to any line in this Part VI	

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	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		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			Ξ.			
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			····			
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			···· [
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			Γ			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-						
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form	n?	11a		X
b	Describe on 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? If "No," go to line 13			L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?	L	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	scribe				
	on Schedule O how this was done			L	12c	Х	
13	Did the organization have a written whistleblower policy?			L	13	Х	
14	Did the organization have a written document retention and destruction policy?			L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by inc	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			_			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	S				
0	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed PA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990-	T (section 501	(c)(3)s d	only) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	r interest policy	y, and f	inanc	cial	
	statements available to the public during the tax year.						

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	EVE-LYN LABOON - (412) 828-1055
	880 BUTLER STREET, PITTSBURGH, PA 15223

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6 2023.05000 THE BLESSING BOARD

Form 990	(2023)
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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer ar	ss pei	more rson i:	than o s both	ı an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RICHARD GARLAND	30.00							F 000		0
EXECUTIVE DIRECTOR	10.00			X				5,833.	0.	0.
(2) CRAIG BALL, II	10.00								0	0
CHAIRMAN	10.00	Х	<u> </u>	X				0.	0.	0.
(3) DONALD BELT	10.00								0	0
VICE CHAIRMAN	10.00	Х		X				0.	0.	0.
(4) MARY KATE BARTLEY	10.00	.,		37					0	0
VICE CHAIRMAN	10.00	Х		X				0.	0.	0.
(5) GUNTHER HEHN	10.00	v		v				0	0	0
TREASURER (6) LOIS WALZ	10.00	Х		X				0.	0.	0.
SECRETARY	10.00	x		x				0.	0.	0.
(7) DIANE BALLIET	10.00	^		<u> </u>				0.	0.	0.
BOARD MEMBER	10.00	x						0.	0.	0.
(8) GREGORY BENCKART	10.00	^						0.	0.	0.
BOARD MEMBER	10.00	х						0.	0.	0.
(9) ROBERT BOROWSKI	10.00									0.
BOARD MEMBER	10.00	x						0.	0.	0.
(10) TRACI HARRIS	10.00							Ŭ		
BOARD MEMBER		x						0.	0.	0.
(11) REV. DR. DOUGLAS A. REHBERG	10.00									•••
BOARD MEMBER		х						0.	0.	0.
(12) DONALD RUFFING	10.00									
BOARD MEMBER		х						0.	0.	0.
		ŀ								
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	90 (2023) THE BLESS									27-277	5566	Р	age 8
Part	Section A. Onicers, Directors, Trus		loye	ees,			ghes	t C		, ,	1		
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson i:) than c s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	on amount of d other s compensation SC/ from the		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)			ie tion ted
												+	
	Subtotal								5,833.	0.	_		0.
	otal from continuation sheets to Part VI otal (add lines 1b and 1c)								0.5,833.	0.			0.
2 T	otal number of individuals (including but n compensation from the organization								ceived more than \$100,	000 of reportable			0
	id the organization list any former officer,	director truste	be k	ev e	mol	ove	e or	hia	hest compensated emp	ovee on		Yes	No
li	ne 1a? If "Yes," complete Schedule J for s	uch individual								-	3	_	x
а	for any individual listed on line 1a, is the suind related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4		x
re	Did any person listed on line 1a receive or a endered to the organization? If "Yes," com								0		5		X
	on B. Independent Contractors Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compens	ation f	rom	
tl	he organization. Report compensation for t (A)	the calendar ye	ar e	ndin	ig w	ith c	or wi	thin	the organization's tax y (B)	ear.	(C)		
	Name and business	address	NC	ONE	2			_	Description of s	ervices		ensatio	n
	otal number of independent contractors (in 100,000 of compensation from the organized or th	•	ot lin	nitec	i to 1	thos C		ted	above) who received mo	bre than			

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			Check if Schedule O	conta	ains a respo	onse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns		1a						
àrar oun			Membership dues								
s, G			Fundraising events								
Gift Iar		d	Related organizations		1d						
imi			Government grants (contr								
er S		f	All other contributions, gifts,				001 050				
oth Oth			similar amounts not included				881,350.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in				388,109.	001 250			
Ū ē		h	Total. Add lines 1a-1f					881,350.			
	-		סדמע זוס פפפמ				Business Code 624100	63,147.	63,147.		
Program Service Revenue	2		PICK UP FEES				024100	03,147.	05,147.		
ier ue		b									
m S ven		c d									
gra Re		u 2									
Pro		f	All other program service	rever	ามค						
		g	Total. Add lines 2a-2f					63,147.			
	3		Investment income (includ								
			other similar amounts)	•			•				
	4		Income from investment of								
	5		Royalties								
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of		(i) Securit	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
enu				7b							
Revenue			Gain or (loss)	7c							
			Net gain or (loss)								
Other	8	а	Gross income from fundraising	5							
Ò			including \$								
			contributions reported on		-		102 206				
			Part IV, line 18				102,206. 5,002.				
			Less: direct expenses			8b	5,002.	97,204.			97,204.
	~		Net income or (loss) from		0			97,204.			97,204.
	9	а	Gross income from gamin	-							
		h	Part IV, line 19			9a 9b					
			Less: direct expenses Net income or (loss) from								
	10		Gross sales of inventory, I	0	0	°					
	10	a	and allowances			10=	215,882.				
		h	Less: cost of goods sold			106					
			Net income or (loss) from					215,882.	215,882.		
				Juice		·y	Business Code				
sno	11	а	MISCELLANEOUS				900099	5,714.	5,714.		
Due		b						- , · - ·	_ , _ _ _ _ •		
ella 3Vel		c									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					5,714.			
	12		Total revenue. See instruction					1,263,297.	284,743.	0.	97,204.
33200								-	•		Form 990 (2023)

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Form 990 (2023)

THE BLESSING BOARD

Statement of Reven

THE BLESSING BOARD Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Do not include amounts reported on li 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	his Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to dome	stic organizations				
and domestic governments. See Part	t IV, line 21 📖				
2 Grants and other assistance to d	lomestic				
individuals. See Part IV, line 22		304,614.	304,614.		
3 Grants and other assistance to for	oreign				
organizations, foreign governmer	nts, and foreign				
individuals. See Part IV, lines 15	and 16				
4 Benefits paid to or for members					
5 Compensation of current officers					
trustees, and key employees		5,833.	5,833.		
6 Compensation not included above to					
persons (as defined under section 49					
persons described in section 4958(c)					
7 Other salaries and wages		488,096.	361,127.	44,491.	82,478
 8 Pension plan accruals and contribution 			· · - , · ·	,	,
section 401(k) and 403(b) employer	· ·				
9 Other employee benefits		37,660.	28,975.	4,139.	4,546
10 Payroll taxes		.,	, , , , , , , , , , , , , , , , , ,	_,,	1,010
11 Fees for services (nonemployees					
a Management					
b Legal					
c Accounting					
d Lobbying					
e Professional fundraising services. Se					
f Investment management fees					
g Other. (If line 11g amount exceeds		42,027.	8,225.	31,852.	1 050
column (A), amount, list line 11g exp		17,990.	11,830.	6,160.	1,950
12 Advertising and promotion					2 501
13 Office expenses		23,000.	15,594.	3,815.	3,591
14 Information technology		4,496.	2,810.	1,686.	
15 Royalties		262 402	217 (0)	22 470	00 040
16 Occupancy	·····	363,492.	317,682.	22,470.	23,340
17 Travel					
18 Payments of travel or entertainm					
for any federal, state, or local pul					
19 Conferences, conventions, and r	neetings				
20 Interest		2,058.	2,058.		
21 Payments to affiliates		100 000			
22 Depreciation, depletion, and amo	ortization	122,393.	122,393.		
23 Insurance		13,861.		13,861.	
24 Other expenses. Itemize expenses no					
above. (List miscellaneous expenses line 24e amount exceeds 10% of line					
amount, list line 24e expenses on Sc					
a <u>VEHICLE EXPENSES</u>		28,485.	16,301.	12,184.	0
b OTHER EXPENSES		23,098.	1,479.	13,646.	7,973
c WAREHOUSE SUPPLI		18,410.	18,204.	206.	0
d DUES AND SUBSCRI	PTIONS	1,191.	11.	1,180.	0
e All other expenses					
25 Total functional expenses. Add lines	s 1 through 24e	1,496,704.	1,217,136.	155,690.	123,878
26 Joint costs. Complete this line only it					
reported in column (B) joint costs fro	° I				
educational campaign and fundraisin					
	(ASC 958-720)				

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10 2023.05000 THE BLESSING BOARD Form 990 (2023)

THE BLESSING BOARD Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			305,921.	1	139,018.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied person	ns (as defined			
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			52,807.	8	62,794.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	958,470.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	376,682.	609,908.	10c	581,788.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	I1	····· _		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		·····	4,777,386.	15	4,569,540.
	16	Total assets. Add lines 1 through 15 (must equa			5,746,022.	16	5,353,140.
	17	Accounts payable and accrued expenses			33,546.	17	32,745.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes			21 261	22	10.004
-	23	Secured mortgages and notes payable to unrela	•	·····	31,261.	23	19,964.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			5,148,836.		5,001,459.
		of Schedule D			5,213,643.	25	5,054,168.
	26	Total liabilities. Add lines 17 through 25		X	J, ZIJ, 043.	26	5,054,100.
ŝ		Organizations that follow FASB ASC 958, che	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			338,944.	27	259,093.
ala	27 28	Net assets without donor restrictions			193,435.	21	39,879.
dВ	20	Organizations that do not follow FASB ASC 9		155,455.	20	55,015.	
Fun		and complete lines 29 through 33.	JO, CHECK				
o.	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	30 31	Retained earnings, endowment, accumulated inc				31	
et /	32	Total net assets or fund balances			532,379.	32	298,972.
z	33	Total liabilities and net assets/fund balances			5,746,022.	33	5,353,140.
	00			·····	-,,		Form 990 (2023)

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Form 990 (2023)

Form	1 990 (2023) THE BLESSING BOARD	27	-2775566	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,263		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,496		
3	Revenue less expenses. Subtract line 2 from line 1	3	-233		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	532	2,3	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	298	3,9'	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	<u> </u>

Form **990** (2023)

332012 12-21-23

(Form 990)

<u>Total</u>

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Nam	ne of	the organizati							Employer	identification number
		-		BLESSING B	OARD				2	7-2775566
Pa	rt I	Reason			(All organizations must c	omplete tl	his part.) S	ee instructior		
					For lines 1 through 12, c					
1					on of churches described			I)(A)(i)		
2	\square				Attach Schedule E (Forn			•,~,'}•		
3	H				anization described in s		V6V1VAV;;	:)		
4	\square				njunction with a hospital				Viii) Entor	the bosnital's name
4		city, and stat	-	ation operated in col	njunetion with a nospital	ucscribed	Sectio			the hospital s hame,
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmentalu	nit describe	ad in
5				Complete Part II.)	lege of university owned		cu by a ge			
6					aantal unit daaaribad in	ocotion 1	70/6//4//4	6.0		
7	X			-	nental unit described in					ublic described in
'					ntial part of its support fi	on a yove	ennentai		ie general p	
0				complete Part II.)	(1)(A)(vi). (Complete Par	+ 11 \				
8 9	\square						od in ooniu	notion with a	land grant	
9		-	-		in section 170(b)(1)(A)(ulture (see instructions).				-	-
			or a non-land-t	grant college of agric	ulture (see instructions).		name, city	, and state of	the college	OI .
10		university:	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	optribution	e momboret	in food and	d gross rocaints from
10		-		•	t to certain exceptions;				-	-
				-	(less section 511 tax) fro					-
				mplete Part III.)			sses acqui	ieu by the oli	jai lization a	inter oune oo, 1970.
11					ively to test for public sa	fatu Saa	section 5()Q(a)(4)		
12	\square	-	-	-	ively for the benefit of, to	•			rny out the	nurnoses of one or
					ed in section 509(a)(1) of					
					f supporting organization					
а		-			upervised, or controlled					aivina
				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se	• • • •	majority c				pporting
b		-			l or controlled in connect	tion with it	s sunnorte	d organizatio	n(s) hy hay	ina
~				-	anization vested in the sa			-		-
			-	at complete Part IV,		anne peree			90o osipi	
с				-	g organization operated	in connec	tion with, a	and functiona	llv integrate	d with
-		••	-	• • • •). You must complete I				.,	u ,
d			-		porting organization oper				ted organiz	zation(s)
			-		zation generally must sat				-	
			-		nplete Part IV, Sections	-		-		
е		_			written determination fro				II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
g	Pro	vide the follow	ing information	n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
					1					

Schedule A (Form 990) 2023

THE BLESSING BOARD

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	553,067.	646,494.	1079811.	774,713.	881,350.	3935435.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>	100011		001 050	2025425
4	Total. Add lines 1 through 3	553,067.	646,494.	1079811.	774,713.	881,350.	3935435.
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)						514,472.
	Public support. Subtract line 5 from line 4.						3420963.
Sec	ction B. Total Support	1			1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	553,067.	646,494.	1079811.	774,713.	881,350.	3935435.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	22,400.	21,100.	13,650.		0.	57,150.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	190,225.	261,563.	374,314.	335,966.	386,949.	1549017.
11	Total support. Add lines 7 through 10						5541602.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	273,996.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi		-				
	Public support percentage for 2023 (I					14	<u>61.73</u> %
	Public support percentage from 2022					15	62.80 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A	(Form	990	202
		550	2020

THE BLESSING BOARD

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513					+	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	inization,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2023. If the						
Ŀ	more than 33 1/3%, check this box a						/3% and
L.	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23		2000 011 110 14, 10	2, 51 105, 01001(1			dule A (Form 990) 2023
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THE BLESSING BOARD

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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10b | Schedule A (Form 990) 2023

	(Form 990) 2023		BLESSING	BOARD
Part IV	Supporting Orga	nizations	(continued)	

1

2

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

						Ulganization.	
Sectio	n C.	Type I	I Supp	orting	Orga	nizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D	All Typ	e III Supporti	ng 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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	-------------------	----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functior	ally integrate	d Type III supporting orga	nization (see

THE BLESSING BOARD

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 THE BLESSING			2	7-2775566	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Sect	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	[10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2019 AMOUNT: \$	47,545.
2020 AMOUNT: \$	102,317.
2021 AMOUNT: \$	186,720.
2022 AMOUNT: \$	89,319.
2023 AMOUNT: \$	102,206.
FURNITURE/APPLIA	ANCE SALES
2019 AMOUNT: \$	86,893.
2020 AMOUNT: \$	117,707.
2021 AMOUNT: \$	134,819.
2022 AMOUNT: \$	182,515.
2023 AMOUNT: \$	215,882.
PICK UP FEES	
2019 AMOUNT: \$	55,712.
2020 AMOUNT: \$	41,558.
2021 AMOUNT: \$	51,570.
2022 AMOUNT: \$	61,479.
2023 AMOUNT: \$	63,147.
MISCELLANEOUS IN	NCOME
2019 AMOUNT: \$	75.
2020 AMOUNT: \$	-19.
2021 AMOUNT: \$	1,205.
	2,653.

	HE BLESSING	BOARD	27-2775566 Page 8
Part VI Supplemental Informat Part IV, Section A, lines 1, 2, 3	3b, 3c, 4b, 4c, 5a, 6, 9	planations required by Part II, line 10; Part II, line 1 a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li	nes 1 and 2; Part IV, Section C,
Section D, lines 5, 6, and 8; ar (See instructions.)	nd Part V, Section E, li	tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; I nes 2, 5, and 6. Also complete this part for any ac	Jart V, Section B, line Te, Part V, Iditional information.
2023 AMOUNT: \$ 5,714	•		
332028 12-21-23		21	Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

27-2775566

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE BLESSING BOARD

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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Name of organization

Employer identification number

27-2775566

THE BLESSING BOARD

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>17,789.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$64,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
323452 12-26-	23		Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

2023.05000 THE BLESSING BOARD

Schedule E	8 (Form	990)	(2023)
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Name of organization

Page 3
Employer identification number

27-2775566

THE BLESSING BOARD

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

2023.05000 THE BLESSING BOARD

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Name of o	organization		Employer identification number			
ידר א	LESSING BOARD		27-2775566			
Part III) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
323454 12-26	6-23		Schedule B (Form 990) (2023)			

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2023.05000 THE BLESSING BOARD

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	HEDULE D		al Financial Statements			OMB No. 1545-0047	7
(Forn	า 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b).		2023	
	partment of the TreasuryAttach to Form 990.Open to Puternal Revenue ServiceGo to www.irs.gov/Form990 for instructions and the latest information.Inspection					Open to Public Inspection	;
Nam	e of the organizati	on THE BLESSING BOARD				identification numb $7-2775566$	ber
Par	t I Organiza		d Funds or Other Similar Funds o	or Acc			
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.			-	
			(a) Donor advised funds	(b) Funds an	d other accounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	•		writing that the assets held in donor advise				
			exclusive legal control?			Yes I	No
6	0	0, , ,	dvisors in writing that grant funds can be u		,		
			r donor advisor, or for any other purpose co		0		
Par	impermissible priv	ate benefit?	ganization answered "Yes" on Form 990, P	 art IV 1	ine 7	Yes	No
1		servation easements held by the organization		art iv, i			
•		of land for public use (for example, recrea		a histor	ically impo	tant land area	
		of natural habitat	Preservation of a				
		n of open space					
2		• •	fied conservation contribution in the form o	f a con	servation e	asement on the last	
	day of the tax year			ſ		at the End of the Tax Y	ear
а	Total number of co	onservation easements		[2a		
b					2b		
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a		2c		
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006, and not				
	on a historic struc	ture listed in the National Register		[2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organiz	ation during	the tax	
	year						
4		where property subject to conservation eas					
5	0	tion have a written policy regarding the per					
~		orcement of the conservation easements it					No
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation	easements	s during the year	
7	Amount of expens		lling of violations, and enforcing conservation	on ease	ements dur	ng the year	
•	, another of experie			on ouo		ng the your	
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h))(4)(B)(ii)?				Yes I	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense s	tateme	nt and		
		· · · ·	note to the organization's financial statemer	nts that	describes	the	
Dor	organization's acc	ounting for conservation easements.	Art Historical Tracquires, or Oth			ata	
Par			f Art, Historical Treasures, or Oth	ier Si	milar As:	sets.	
		f the organization answered "Yes" on Form		-1.11			
Ia	•		8, not to report in its revenue statement an			Orks	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b			8, to report in its revenue statement and ba		sheet work	sof	
	-						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.						
	•	5			\$		
2	.,		asures, or other similar assets for financial		rovide		
		unts required to be reported under FASB A					
а	-				\$		
b							

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332051 09-28-23	
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Schedule D (Form 990) 2023

2023.05000 THE BLESSING BOARD

Sche		SSING BOARD						75566	Pa	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical	Treasures, or	Other	Similar /	Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of	the following that	make sig	gnificant us	e of its			
	collection items (check all that apply).									
а	Public exhibition	d	I Loan or	exchange progra	Im					
b	Scholarly research	e	e 🔄 Other_							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they furth	er the organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or othe	r similar a	assets		_		_
_	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organiz	ation answered "	es" on F	orm 990, P	art IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod	•					_	-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance							7 •		1
	Did the organization include an amount on F					:y?	L	Yes		J No ⊓
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds Complete i					<u></u>				<u></u>
1 41		(a) Current year	(b) Prior yea			(d) Three yea	ars hack	(e) Four	vears	hack
10	Paginning of year balance	(a) ourient year			S DUCK				yours	Juon
1a ⊾	Beginning of year balance									
u o	Contributions									
С А	Net investment earnings, gains, and losses									
u	Grants or scholarships Other expenditures for facilities									
е										
f	and programs									
	Administrative expenses End of year balance									
g 2	End of year balance Provide the estimated percentage of the cur		l a (line 1 a colum	n (a)) held as:						
2	Board designated or quasi-endowment	,	%	in (a)) neiù as.						
h	Permanent endowment	%								
c c	Term endowment	<u> </u>								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	_								
3a	Are there endowment funds not in the posse		ation that are he	ld and administer	ed for the	2				
	organization by:							ſ	Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the								•	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11	la. See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr	• •	Cost or other asis (other)		cumulated		(d) Bool	value	;
1a	Land									
b	Buildings									
с	Leasehold improvements			612,589.		96,03		516	5,55	51.
d	Equipment			345,881.	2	80,64			5,23	
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. line 10c. colu	umn (B))				581	.,78	38.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990) 2023		BLESSING	BOARD
Part VII Investments - C	other Se	curities	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)	.,		•
(1)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(9) fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" c	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) SECURITY DEPOSITS			9,800.
(1) BLEGRITT BLICBITS (2) RIGHT OF USE ASSET			4,559,740.
			4,555,140.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4,569,540.
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25.	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes	~		
(2) OPERATING LEASE LIABILITIE	S		5,001,459.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990 Part X line 25 col	(B))		5,001,459.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2023

332053 09-28-23

	edule D (Form 990) 2023 THE BLESSING BOARD			2775566 Page 4
Pal	rt XI Reconciliation of Revenue per Audited Financial Sta		e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			1 262 207
1			1	1,263,297.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	J			
b				
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,263,297.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
с	Add lines 4a and 4b			
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		1,263,297.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.)		1,263,297. 1
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.) tatements With Expen		1
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	2) tatements With Expen ine 12a.	ses per Return	<u>1,263,297.</u> 1,496,704.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	2) tatements With Expen ine 12a.	ses per Return	1
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With Expension 12a.	ses per Return	1
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2.) tatements With Expension ine 12a.	ses per Return	1
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements With Expension line 12a. 2a 2b	ses per Return	1
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements With Expension ine 12a. 2a 2b 2c	ses per Return	1
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) tatements With Expension ine 12a. 2a 2b 2c 2c 2d	5 ses per Return	1
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2.) tatements With Expension line 12a. 2a 2b 2b 2c 2c 2d	5 ses per Return	1,496,704.
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) tatements With Expension line 12a. 2a 2b 2b 2c 2c 2d	5 ses per Return	n <u>1,496,704.</u> 0.
c 5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other state in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) tatements With Expension line 12a. 2a 2b 2c 2d	5 ses per Return	n <u>1,496,704.</u> 0.
c 5 Pa 1 2 a b c d 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other state in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2.) tatements With Expension ine 12a. 2a 2b 2c 2d 2d	5 ses per Return	n <u>1,496,704.</u> 0.
c 5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2.) tatements With Expension ine 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3	1,496,704. 0. 1,496,704. 0.
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2.) tatements With Expension ine 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3 3	1,496,704. 0. 1,496,704.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AS IT HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(2).

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE

INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED TAX

POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE 332054 09-28-23 Schedule D (Form 990) 2023

09191028 781024 100484.10001

2023.05000 THE BLESSING BOARD

JURISDICTIONS WHERE IT OPERATES.

THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2023 OR DECEMBER 31, 2022. THE ORGANIZATION'S POLICY IS TO CLASSIFY ANY INCOME TAX RELATED INTEREST AND PENALTIES TO INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY.

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on				r 19 ,	or if the	2023
5 <i></i>	C	rganization entered more than \$15 Attach to Form 990 c						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization								entification number
Dout L Fundraia		SSING BOARD					27-2775	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 							or	s 🗌 No
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursus organization.	ant to	agreei	ments under which th	ie fur	ndraiser is to b	e
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				No				
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GIVING	SOUTH		
			TUESDAY	SHOWROOM OPE	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e						
Hevenue	4	Gross receipts	36,852.	22,143.	43,211.	102,206
P			5070521	22/1130	10,011	102/200
	2	Less: Contributions				
	2					
	3	Gross income (line 1 minus line 2)	36,852.	22,143.	43,211.	102,206
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
ĬĽ	-					
<u>e</u>	'	Food and beverages				
	8	Entertainment				
	8 9	Entertainment Other direct expenses		1,358.	3,644.	5,002
	9	Entertainment Other direct expenses Direct expense summary. Add lines 4 through		1,358.		5,002 5,002
	9 10 11	Other direct expenses	n 9 in column (d) ine 3, column (d)			5,002
	9 10	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d)			5,002
Pai	9 10 11	Other direct expenses	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn		eported more than	5,002 97,204
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d)	n 990, Part IV, line 19, or r		5,002 97,204
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pai	9 10 <u>11</u> 1 I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pai	9 10 <u>11</u> 1 I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pal	9 10 <u>11</u> t I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pal	9 10 <u>11</u> <u>t</u> I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pal	9 10 <u>11</u> <u>t</u> I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pal	9 10 <u>11</u> <u>t</u> 1 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pal	9 10 <u>11</u> <u>t</u> 1 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
Pal	9 10 <u>11</u> <u>1</u> 2 3 4	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	5,002 97,204
,	9 10 <u>11</u> <u>1</u> 2 3 4	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n 9 in column (d) ine 3, column (d) answered "Yes" on Forn	h 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	

9 Enter the state(s) in which the organization conducts gaming activities:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Sch	edule G (Form 990) 2023	THE	BLESSING	BOARD		27-2	775566	Page 3
11 12	5 5 ,	eficiary or	r trustee of a trust	or a member of	a partnership or other ent	ity formed	Yes	No
12	to administer charitable gaming? Indicate the percentage of gaming						Yes	No No
	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of th	e person	who prepares the	organization's g	aming/special events bool	ks and records:		
	Name							
	Address							
15a	a Does the organization have a con	tract with	n a third party from	whom the orga	nization receives gaming r	evenue?	Yes	No No
k	If "Yes," enter the amount of gam			e organization	\$	and the amount		
	of gaming revenue retained by the							
C	If "Yes," enter name and address	of the thi	iro party:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Em Em	nployee	Indepen	dent contractor			
17	Mandatory distributions:							
a	a Is the organization required under							
	retain the state gaming license? Enter the amount of distributions				o other exempt organizatio		Yes	No No
_	organization's own exempt activit	•		\$	o other exempt organizatio			
Pa					d by Part I, line 2b, colum prmation. See instructions.		t III, lines 9, 9	9b, 10b,
EX	PENSES BREAKDOWN							
RA	FFLE TICKET PRINT	ING F	OR OCC RA	FFLE - \$	134			
QR	-CODE GENERATOR -	\$177	,					
BB	Q, BREWS AND BLES	SINGS	POSTCARD	S AND MA	ILING - \$1,55	3		
DE	CORATIONS AND SUP	PLIES	FOR BBQ,	BREWS A	ND BLESSINGS	- \$161		
DI	NNERS FOR BBQ BREN	WS AN	D BLESSIN	GS - \$93	7			
AM	Y HEHN IN KIND CO	NTRIB	UTIONS -	\$79				
	UREL VALLEY GOLF 1		E - \$1,83	9				
	OD AT MEETING - \$2	122				Cabad	ule G (Form	000) 2022
3320	83 09-13-23			33		Sched		550) 2023

<u>TOTAL - \$5,002</u>

Schedule G (Form 990)

332084 04-01-23

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB	No. 1545	5-0047	
(Form 990)		Go	vernments, an ete if the organizatio	nd Individua	ls in the Ŭni	ted States		2	2023		
Department of the Treasury		Compi	ete il the organizatio	Attach to Forn		1 1 v , iii e z i oi zz.			en to P	-	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			specti		
Name of the organizat	ion							Employer identifi	cation	number	
	THE BLESS							27-	2775	5566	
	nformation on Grants a										
-	zation maintain records t		-			•				<u> </u>	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									es	No	
	d Other Assistance to I					anization answered "Y	es" on Form 990 Par	t IV line 21 for any			
	hat received more than \$										
	1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h)					(h) Purpose or assis		Int			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

THE BLESSING BOARD

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OME FURNISHINGS	1415	0.	304,614.	THRIFT SHOP VALUE	FURNITURE & HOUSEHOLD GOODS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I PART I LINE 2

THE BLESSING BOARD RECORDS THE ITEMS DISTRIBUTED TO EACH RECIPIENT

(FAMILY). THERE IS NO FORMAL QUALIFICATION REQUIREMENTS TO RECEIVE

ASSISTANCE. MANY OF OUR CLIENTS ARE REFERRED TO US BY SOCIAL AGENCIES

AND THE VA. RECIPIENTS ARE REQUIRED TO MAKE AN APPOINTMENT TO VISIT ONE

OF OUR DISTRIBUTION CENTERS, SPECIFY THEIR NEEDS, AND PROVIDE THEIR OWN

TRANSPORTATION TO & FROM THE DISTRIBUTION CENTER WHERE THEY ARE

ESCORTED THROUGH THE FACILITY TO SELECT THE ITEMS THEY SPECIFIED AT THE

TIME THEY MADE THEIR APPOINTMENT.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

ction

.

27 - 2775566

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

st information.		Inspection
	Employer	identification number

Name of the organization

THE BLESSING BOARD

Pa	rt I Types of Property		-					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	-	ints	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		388,109.	THRIFT SHOP	VALU	Е	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		Y	_	N -
20-	During the year did the exception receive by	oontribut:-		orted in Dort I lines 1 through	b 29 that it	Ye	S	No
JUa	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					200		х
L	exempt purposes for the entire holding period?					30a		Λ
	If "Yes," describe the arrangement in Part II.	oliov that	quiros the review	of any nonetandard contribut	ions?	24		х
31	Does the organization have a gift acceptance p					31	+	
328	Does the organization hire or use third parties c contributions?	or related or	yamzations to soli	or, process, or seir noncash		32a		х

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

LHA 332141 09-11-23

b If "Yes," describe in Part II.

09191028 781024 100484.10001

27-2775566 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023
	20

100484.1

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-2775566

THE BLESSING BOARD

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSEHOLD GOODS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD HAS ENTRUSTED THE PREPARATION OF FORM 990 & REQUIRED SCHEDULES TO

LOUIS PLUNG & COMPANY LLP A CONSULTANT AND CPA. THE FINANCIAL INFORMATION

INCLUDED IN FORM 990 HAS BEEN RECONCILED TO THE BLESSING BOARD'S

INDEPENDENTLY AUDITED FINANCIAL STATEMENTS FOR 2022 - SEE SCHEDULE D PARTS

XI AND XII.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS AND OFFICERS COMPLETE A COI STATEMENT ANNUALLY. THE

STATEMENTS ARE COLLECTED AND REVIEWED BY THE TREASURER IN CONNECTION WITH

PREPARING FORM 990.

FORM 990, PART VI, SECTION C, LINE 19:

THE BLESSING BOARD'S GOVERNING DOCUMENTS AND COI POLICY ARE AVAILABLE UPON

REQUEST. ITS FORMS 990 ARE AVAILABLE THROUGH WWW.GUIDESTAR.ORG, AS IS ITS

IRS TAX-EXEMPTION LETTER.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL

STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

09191028 781024 100484.10001

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

THE BLESSING BOARD 880 BUTLER STREET PITTSBURGH, PA 15223

Prepared By:

Louis Plung & Company LLP 420 Ft. Duquesne Blvd Ste 1900 Pittsburgh, PA 15222

Amount of Tax:

Balance due of \$250

Make Check Payable To:

Commonwealth of Pennsylvania

Mail Tax Return To:

Pennsylvania Department of State Bureau of Charitable Organizations 401 North St Rm 207 Harrisburg, PA 17120

Return must be mailed on or before:

November 15, 2024

Special Instructions:

The report should be signed and dated by an authorized individual(s).

A completed and signed copy of the federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 401 North St Rm 207 Harrisburg, PA 17120 See www.dos.pa.gov/charities for more information	Charitable Organization Registration Statement BCO-10 (rev. 11/2023) Fee: See instructions
See www.uos.pa.gov/chantes for more information	
Certificate number: 103231 (N/A if initial registration) Fiscal year ended: 12/31/2023 MM DD YYYY	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
FEIN: <u>27-2775566</u>	Organization does not solicit contributions in Pennsylvania
1. Legal name of organization: THE BLESSING	BOARD
Check if name change and give previous nam	le
2. All other names used to solicit contributions:	
3. Contact person: EVE-LYN LABOON	Contact's e-mail: FINANCE@THEBLESSINGBOARD.OF
4. Principal address of organization:	Mailing address (if different than principal address):
880 BUTLER STREET	
PITTSBURGH	
PA 15223	
County: ALLEGHENY	Phone number: (412) 828-1055
800 number:	Fax number:
Website: WWW.BLESSINGBOARD.ORG	
Item 5 to be co	ompleted by initial registrants only
5. Type of organization (e.g. non-profit corporation, uni	
	Date established:*
*Initial registrants must submit copies of organizational doo constitution or other organizational instrument and by-laws	

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

	Sheet if hecessally
	Not Applicable
	NONE
	,
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	Other MM DD YYYY

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

	THE BLESSING BOARD 27-277
10.	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submi
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):
	Does not solicit contributions NEWSLETTERS (DIRECT MAIL AND EMAIL), EMAIL, AND PERSONAL CONTACT.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	PROVIDE PIECES OF USED FURNITURE AND APPLIANCES, INCLUDING HOUSEHOLD GOODS, SUCH AS BEDDING AND KITCHENWARE TO FAMILIES IN NEED WITHOUT CHARGE.
14.	
	Is the organization registered to solicit contributions in any other state or municipality? Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
15.	Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes Yes No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes X No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
	Yes Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: Month Day Year Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

(2023)

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

() [Attach a separate sheet if necessary)
Ľ	
	Not Applicable
ŀ	N/A
_	
	f the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined
	egistration covering all of its Pennsylvania affiliates? See note "Affiliate and Parent Organization") Yes No X Not Applicable
	f "Yes," give all names and certificate numbers of the affiliate organizations: Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group
r	eturn and file a public disclosure form (BCO-23) for each affiliate.)
-	
-	
_	
	s the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration
	s the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")
C	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
C It	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return
C It	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization.
C It (I a	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return
It (I a	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number
If (I a L	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
If (I a L	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
If (I a L	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
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C If (I a L	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable f "Yes," provide the name and, if available, certificate number of the parent organization. Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

RICHARD GARLAND, EXECUTIVE DIRECTOR

880 BUTLER STREET PITTSBURGH, PA 15223

B. Have final responsibility for the custody of contributions:

RICHARD GARLAND, EXECUTIVE DIRECTOR

880 BUTLER STREET PITTSBURGH, PA 15223

C. Have final responsibility for final distribution of contributions:

RICHARD GARLAND, EXECUTIVE DIRECTOR

880 BUTLER STREET PITTSBURGH, PA 15223

D. Are responsible for custody of financial records:

GUNTHER HEHN, TREASURER

880 BUTLER STREET PITTSBURGH, PA 15223

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Α.	Any other officer, director, trustee, or employee?		Yes	Х	No
----	--	--	-----	---	----

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Yes X No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
 Yes X No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Page 5 of 6

09191028 781024 100484.10001

2023.05000 THE BLESSING BOARD

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	 Date	
GUNTHER HEHN, TREASURER	_	
Type or print name and title of Chief Fiscal Officer		
Signature of Other Authorized Officer	Date	
RICHARD GARLAND, EXECUTIVE DIRECTOR	_	

Type or print name and title of Other Authorized Officer

Chec	sklist for registration:
Х	Completed registration statement properly signed and dated.
X	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
	Public Disclosure Form BCO-23 (if required)
X	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
X	Registration fee and any late filing fees
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See I	nstructions for more information on completing this form and attachments.

6

THE BLESSING BOARD		27-2775566
FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DA	.TE
FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SERVICE DATE	
FORM BCO-10 OFFI	ICERS, DIRECTORS, TRUSTEES AND EXECUTIV	'ES STATEMENT 3
NAME AND ADDRESS	TITLE	
RICHARD GARLAND 880 BUTLER STREET PITTSBURGH, PA 15223	EXECUTIVE DI	RECTOR
NAME AND ADDRESS	TITLE	

CRAIG BALL, II 880 BUTLER STREET PITTSBURGH, PA 15223

NAME AND ADDRESS

DONALD BELT 880 BUTLER STREET PITTSBURGH, PA 15223 CHAIRMAN

TITLE

VICE CHAIRMAN

THE BLESSING BOARD	
NAME AND ADDRESS	TITLE
MARY KATE BARTLEY 880 BUTLER STREET PITTSBURGH, PA 15223	VICE CHAIRMAN
NAME AND ADDRESS	TITLE
GUNTHER HEHN 880 BUTLER STREET PITTSBURGH, PA 15223	TREASURER
NAME AND ADDRESS	TITLE
LOIS WALZ 880 BUTLER STREET PITTSBURGH, PA 15223	SECRETARY
NAME AND ADDRESS	TITLE
DIANE BALLIET 880 BUTLER STREET PITTSBURGH, PA 15223	BOARD MEMBER
NAME AND ADDRESS	TITLE
GREGORY BENCKART 880 BUTLER STREET PITTSBURGH, PA 15223	BOARD MEMBER
NAME AND ADDRESS	TITLE
ROBERT BOROWSKI 880 BUTLER STREET PITTSBURGH, PA 15223	BOARD MEMBER
NAME AND ADDRESS	TITLE
TRACI HARRIS 880 BUTLER STREET PITTSBURGH, PA 15223	BOARD MEMBER
NAME AND ADDRESS	TITLE
REV. DR. DOUGLAS A. REHBERG 880 BUTLER STREET PITTSBURGH, PA 15223	BOARD MEMBER
NAME AND ADDRESS	TITLE
DONALD RUFFING 880 BUTLER STREET PITTSBURGH, PA 15223	BOARD MEMBER

Form 990

** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 1 /ไ

		of the Treasury enue Service						
AF	For the 2023 calendar year, or tax year beginning and ending							
	heck if pplicat	ole: C Name o	C Name of organization D Employer identification					
	Addr	ess THE	BLESSING BOARD					
	Name Chan		usiness as		27-277556	56		
	Initia		nber and street (or P.O. box if mail is not delivered to street address) Room/suite		uite E Telephone number			
	Final returr	n/ 000	BUTLER STREET		(412) 828	3-1055		
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,268,299.		
	Amer		SBURGH, PA 15223		H(a) Is this a group re			
	Appli dion pend	F Name a	nd address of principal officer: GUNTHER HEHN			? Yes X No		
	-	SAME	AS C ABOVE		H(b) Are all subordinates in			
		empt status:) or 🔄 !		list. See instructions		
	Vebs		BLESSINGBOARD.ORG		H(c) Group exemption			
	orm o art l		X Corporation Trust Association Other	L Y	ear of formation: 2010 N	I State of legal domicile: PA		
Га	l	Summary			משמימים מ			
e	1		e the organization's mission or most significant activities: <u>VOL</u> CENTERED MINISTRY RECEIVING AND R					
ano	2	Check this bo						
Governance	3					11		
ĝ	4		ependent voting members of the governing body (Part VI, line 12)			11		
	5		of individuals employed in calendar year 2023 (Part V, line 2a)			27		
ities	6		of volunteers (estimate if necessary)			229		
Activities &			d business revenue from Part VIII, column (C), line 12			0.		
Ă			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
•	8	Contributions	and grants (Part VIII, line 1h)	-	774,713.	881,350.		
Revenue	9		ce revenue (Part VIII, line 2g)	ſ	61,479.	63,147.		
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		270,147.	318,800.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,106,339.	1,263,297.		
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		249,204.	304,614.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		465,531.	531,589.		
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.		
xpe	b		ng expenses (Part IX, column (D), line 25) 123, 8					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		599,299.	660,501.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,314,034.	1,496,704.		
	19	Revenue less	expenses. Subtract line 18 from line 12		-207,695.	-233,407.		
Net Assets or				ŀ	Beginning of Current Year	End of Year		
sset	20	Total assets (I	, , ,		5,746,022.	5,353,140.		
et A.	21		(Part X, line 26)	E CONTRACTOR OF CONTRACTOR	5,213,643.	5,054,168.		
	22 art II		fund balances. Subtract line 21 from line 20		532,379.	298,972.		
				loc and atat	amonte and to the heat of my	knowledge and belief it is		
			I declare that I have examined this return, including accompanying schedu Declaration of preparer (other than officer) is based on all information of			KIIOWIEUYE AIIU DEIIEI, IL IS		
uue,	COLLE	or, and complete		илиси ргера	a or mas any knowledge.			

Sign	Signature of officer			Date					
Here	GUNTHER HEHN, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	JOSEPH C. ZOVKO	JOSEPH C. ZOVKO		self-employed P00299402					
Preparer	Firm's name LOUIS PLUNG & COM	PANY LLP		Firm's EIN 25-1637458					
Use Only									
	PITTSBURGH, PA 15222 Phone no. (412) 281-8771								
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) THE BLESSING BOARD	27-2775566	Page 2
Pa	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	VOLUNTEER DIRECTED CHRIST-CENTERED MINISTRY RECEIVING ANI		
		J KEWARDING	
	FURNITURES AND HOUSEHOLD GOODS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
~	,		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 217, 136. including grants of \$304, 614.) (Revenue	ue\$ 284,	7 4 3.)
	THE BLESSING BOARD (TBB) PROVIDES DONATED HOUSEHOLD FURNIS		
	IN NEED AT NO COST TO THEM. IN 2023 TBB SERVED 1,415 FAN		
	REPRESENTING 3,557 INDIVIDUALS (INCLUDING 1,631 CHILDREN		<u>л</u>
	YOUNGER). ITEMS GIVEN RANGE FROM FURNITURE, APPLIANCES A		D
	GOODS SUCH AS BEDDING AND KITCHENWARE. IN 2023, TBB EXPA		
	PROGRAM TO INCLUDE GIVING GENTLELY USED HOME MEDICAL EQUI	(PMENT SUCH)	AS
	WALKERS, WHEELCHAIRS AND ROLLATORS. THE COLLECTION AND I	DISTRIBUTION	OF
	ITEMS WAS ACCOMPLISHED WITH OVER 200 VOLUNTEERS PROVIDING	3 13,541 ноц	RS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$)
			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,217,136.		
		Form 9	90 (2023)
33200	2 12-21-23		, /

Form	990	(2023)

 Form 990 (2023)
 THE
 BLESSING
 BOARD

 Part IV
 Checklist of Required Schedules
 Ended Schedules
 Ended Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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 "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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		x
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		<u> </u>	
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X
332003	12-21-23	Form	990	(2023)

Form **990** (2023)

Form	990	(2023)
	330	

 Form 990 (2023)
 THE
 BLESSING
 BOARD

 Part IV
 Checklist of Required Schedules
 (continued)

			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	Х	
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 employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)

	990 (2023) THE BLESSING BOARD 27-2775	566	P	age 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
22	Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements		Yes	No
Zđ	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 27			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		X
	If "Yes," see the 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	F	000	(0000)
332005	12-21-23	Form	ววบ	(2023)

332005 12-21-23

Form 990	(2023)
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THE BLESSING BOARD

Section A. Governing Body and Management

X

Yes No

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	

1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 1</u>	1		
	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 1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	vith any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990				X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app				
	more members of the governing body?		7a		X
b	• • • • • • • • • • • • • • • • • • • •				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	oters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body l	pefore filing the form?	11a		X
b					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	_
b			. 12b	X	_
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," describe			
	on Schedule O how this was done		12c		_
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14			14	X	-
15	Did the process for determining compensation of the following persons include a review and approval b	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		<u>15a</u>		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			37
_	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	ation's			
800	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-1 (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain of	n Schedule O)			

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	
	statements available to the public during the tax year.	

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	EVE-LYN LABOON - (412) 828-1055
	880 BUTLER STREET, PITTSBURGH, PA 15223

2023.05000 THE BLESSING BOARD

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Form 990	(2023)
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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than c			than o	one	Reportable	Reportable	Estimated	
	hours per week		box, unless person officer and a direct					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	truste		æ	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD GARLAND	30.00	_	-				_			
EXECUTIVE DIRECTOR				X				5,833.	0.	0.
(2) CRAIG BALL, II	10.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) DONALD BELT	10.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) MARY KATE BARTLEY	10.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) GUNTHER HEHN	10.00									
TREASURER		Х		X				0.	0.	0.
(6) LOIS WALZ	10.00									
SECRETARY		Х		X				0.	0.	0.
(7) DIANE BALLIET	10.00									
BOARD MEMBER	10.00	Х						0.	0.	0.
(8) GREGORY BENCKART	10.00									
BOARD MEMBER	10.00	Х						0.	0.	0.
(9) ROBERT BOROWSKI	10.00								•	
BOARD MEMBER	10.00	Х						0.	0.	0.
(10) TRACI HARRIS	10.00	.,							0	
BOARD MEMBER	10.00	Х						0.	0.	0.
(11) REV. DR. DOUGLAS A. REHBERG BOARD MEMBER	10.00	x						0.	0.	0.
(12) DONALD RUFFING	10.00	A						0.	0.	<u> </u>
BOARD MEMBER	10.00	x						0.	0.	0.
BOARD MEMBER		^				-		0.	0.	<u> </u>
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		1								
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Form 990 (2023)

	990 (2023) THE BLESS									27-2775	566 Page 8
Part	Jection A. Onicers, Directors, Trus		loye	ees,	anc (C		ghes	t C		, ,	1
	(A) (B) Name and title Average hours per week) than c s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1h	Subtotal								5,833.	0.	0.
С	Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but n								5,833.	0.00 of reportable	0.
	compensation from the organization						,				0
3	Did the organization list any former officer,	director. truste	e. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on	Yes No
	line 1a? If "Yes," complete Schedule J for s	uch individual								·	3 X
	For any individual listed on line 1a, is the su and related organizations greater than \$150	-							-	-	4 X
5	Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services	- V
	rendered to the organization? <i>If</i> "Yes." com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .				5 X
	Complete this table for your five highest co	•	•								ation from
	the organization. Report compensation for t (A)	the calendar ye	ar e	ndin	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.	(C)
	Name and business	address	NC	ONE	2				Description of s	ervices	Compensation
								_			
	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than	

Form 990 (2023)

332008 12-21-23

Check if Schedule C contains a response or note to any line in the Bert VI (A) (C) Unrelated C (C) Unrelated Comparing the Colspan="2">(C) Unrelated Comparing the Colspan="2">(C) (C)		990 (BOARD			27-2775	566 Page 9
A A Plasted or events C <thc< th=""> <thc< th=""> <thc< th=""></thc<></thc<></thc<>	Pa	rt VII	Statement of Revenue					
Total revenue Petetion document Division of exempt function revenue Petetion document function reven			Check if Schedule O contains a response	or note to any line		(5)	(0)	
Book Mumbership dues Ib 10: 10: 10: 10: 10: 1					• •	Related or exempt	Unrelated	Revenue excluded
Bording averts Ib Ib Generation averts Id Id Generation averts Id <	S S	1 a	Federated campaigns 1a					
Buildings Pick UP FEES Buildings Control	ran:							
Buildings Pick UP FEES Buildings Control	, D O							
Buildings Pick UP FEES Buildings Control	àifts ar A							
Buildings Pick UP FEES Buildings Control	s, G mili	е	Government grants (contributions) 1e					
Buildings Pick UP FEES Buildings Control	rsi	f	All other contributions, gifts, grants, and					
Buildings Pick UP FEES Buildings Control	ibut							
Buildings Pick UP FEES Buildings Control	d O	g	Noncash contributions included in lines 1a-1f	388,109.				
2 a PICK UP FEES 624100 63,147. 63,147. b	<u>а С</u>	h	Total. Add lines 1a-1f		881,350.			
99 90<					<u> </u>	60.145		
Instruction Image: Construction Image: Constrution Image: Cons Image	e		PICK UP FEES	624100	63,147.	63,147.		
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Instruction Image: Construction Image: Constrution Image: Cons Image	grar Re∖	d						
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3 Investment income (including dividends, interest, and other similar amounts) income from investment of tax exempt bond proceeds 4 Income from investment of tax exempt bond proceeds income from investment of tax exempt bond proceeds 6 a Gross rents 6a income or (loss) income or (loss) 6 a Gross rents 6a income or (loss) income or (loss) 7 a Gross mount from sales of assets other than inventory income or (loss) income or (loss) b Less: cost or other basis and sales expenses 7b income or (loss) 6 a Gross income from fundraising events (not including \$ or (loss) income or (loss) including \$ or of contributions reported on line 10. See Part IV, line 18 8a 102, 206. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9 b See intervery, less returns and allowances toa toa 10a Gross sales of inventory. 215, 882. 215, 882. 11 a MISCELLANEOUS 900099 5, 714. 5, 714. </td <td>-</td> <td></td> <td></td> <td></td> <td>63 147</td> <td></td> <td></td> <td></td>	-				63 147			
other similar amounts) 4 income from investment of tax exempt bond proceeds 5 Royaties 6 a Gross rents 6 b Less: rental expenses 6 a Gross amount from sales of a assets other than inventory b Less: cost or other basis and sales expenses 7a 7a Gross income from fundraising events (not including \$					05,147.			
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d Net rental income or (loss)		b	Less: rental expenses 6b					
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10 a Gross sales of inventory, less returns and allowances 10a215,882. b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 215,882. 11 a MISCELLANEOUS Business Code b 900099 5,714. c			· · · · · · · · · · · · · · · · · ·					
b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory 215,882. 215,882. Net income or (loss) from sales of inventory Business Code Image: Code Image: Code b		10 a	Gross sales of inventory, less returns					
b Less: cost of goods sold 10b 0. 215,882. 216,822. 216,823. 216,822. 216,822. 216,822. 216,822. 216,822. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. 216,823. <			-					
Business Code Image: Second seco		b		. 0.				
11 a MISCELLANEOUS 900099 5,714. 5,714. b		с	Net income or (loss) from sales of inventory		215,882.	215,882.		
e Total. Add lines 11a-11d 5,714. 12 Total revenue. See instructions 1,263,297. 284,743. 0. 97,204	s							
e Total. Add lines 11a-11d 5,714. 12 Total revenue. See instructions 1,263,297. 284,743. 0. 97,204	e e	11 a	MISCELLANEOUS	900099	5,714.	5,714.		
e Total. Add lines 11a-11d 5,714. 12 Total revenue. See instructions 1,263,297. 284,743. 0. 97,204	lané	b						
e Total. Add lines 11a-11d 5,714. 12 Total revenue. See instructions 1,263,297. 284,743. 0. 97,204	Sev	-						
e Total. Add lines 11a-11d 5,714. 12 Total revenue. See instructions 1,263,297. 284,743. 0. 97,204	Mis							
						201 712	0	07 204
	00000				1,403,437.	404,143.		Form 990 (2023

e All other expenses

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

25

26

orm Pa	990 (2023) THE BLESSING			27-27	75566 Page
	ion 501(c)(3) and 501(c)(4) organizations must comp		r organizations must corr	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			[
	not include amounts reported on lines 6b, 8b, 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 and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	304,614.	304,614.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,	5,833.	5,833.		
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400.000	264 405		
7	Other salaries and wages	488,096.	361,127.	44,491.	82,47
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,660.	28,975.	4,139.	4,54
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	42,027.	8,225.	31,852.	1,95
2	Advertising and promotion	17,990.	11,830.	6,160.	
3	Office expenses	23,000.	15,594.	3,815.	3,59
4	Information technology	4,496.	2,810.	1,686.	
5	Royalties				
6	Occupancy	363,492.	317,682.	22,470.	23,34
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	2,058.	2,058.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	122,393.	122,393.		
3	Insurance	13,861.		13,861.	
4	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 0.)				
а	VEHICLE EXPENSES	28,485.	16,301.	12,184.	
b	OTHER EXPENSES	23,098.	1,479.	13,646.	7,97
с	WAREHOUSE SUPPLIES	18,410.	18,204.	206.	
d	DUES AND SUBSCRIPTIONS	1,191.	11.	1,180.	
			-	• • •	

1,496,704.

82,478.

4,546.

1,950.

3,591.

23,340.

Form 990 (2023)

123,878.

1,217,136.

155,690.

Ο. 7,973. 0.

0.

Check if Schedule O contains a response or note to any line in this Part X

		<u> </u>		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			305,921.	1	139,018.
2	Savings and temporary cash investments			5057521	2	100,0100
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or				-	
ľ	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disqualit					
	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			52,807.	8	62,794.
9	D				9	· · · ·
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	958,470.			
b	Less: accumulated depreciation		376,682.	609,908.	10c	581,788.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line ⁻				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			4,777,386.	15	4,569,540.
16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	5,746,022.	16	5,353,140.
17	Accounts payable and accrued expenses			33,546.	17	32,745.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes		F	21 261	22	10.004
23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	31,261.	23	19,964.
24	Unsecured notes and loans payable to unrelated	•			24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	517-24).	Complete Part X	5,148,836.	05	5,001,459.
	of Schedule D		Г	5,213,643.	25 26	5,054,168.
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			5,215,045.	20	5,054,100.
	and complete lines 27, 28, 32, and 33.	ck nere				
27	Net assets without donor restrictions			338,944.	27	259,093.
28	Net assets with donor restrictions			193,435.	28	39,879.
20	Organizations that do not follow FASB ASC 9				20	
	and complete lines 29 through 33.	,				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			532,379.	32	298,972.
33	Total liabilities and net assets/fund balances			5,746,022.	33	5,353,140.

2023.05000 THE BLESSING BOARD

Form 990 (2023)

Form 990 (2023)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form	1990 (2023) THE BLESSING BOARD	27-	-2775566	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,263	3,2	<u>97.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,496		
3	Revenue less expenses. Subtract line 2 from line 1	3	-233	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	532	2,3	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	298	3,9'	<u>72.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

332012 12-21-23

(Form 990)

<u>Total</u>

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public

		of the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Nam	ne of	the organizati							Employer	identification number
		-		BLESSING B	OARD				2	7-2775566
Pa	rt I	Reason			(All organizations must c	omplete tl	his part.) S	ee instructior		
					For lines 1 through 12, c					
1					on of churches described			I)(A)(i)		
2	\square				Attach Schedule E (Forn			•,~,'}•		
3	H				anization described in s		V6V1VAV;;	:)		
4	\square				njunction with a hospital				Viii) Entor	the bosnital's name
4		city, and stat	-	ation operated in col	njunetion with a nospital	ucscribed	Sectio			the hospital s hame,
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmentalu	nit describe	ad in
5				Complete Part II.)	lege of university owned		cu by a ge			
6					aantal unit daaaribad in	ocotion 1	70/6//4//4	6.0		
7	X			-	nental unit described in				a conoral r	ublic described in
'					ntial part of its support fi	on a yove	ennentai		ie general p	
0				complete Part II.)	(1)(A)(vi). (Complete Par	+ 11 \				
8 9	\square						od in ooniu	notion with a	land grant	
9		-	-		in section 170(b)(1)(A)(ulture (see instructions).				-	-
			or a non-land-t	grant college of agric	ulture (see instructions).		name, city	, and state of	the college	OI .
10		university:	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	optribution	e momboret	in food and	d aross rossints from
10		-		•	t to certain exceptions;				-	-
				-	(less section 511 tax) fro					-
				mplete Part III.)			sses acqui	ieu by the oli	jainzation a	inter oune oo, 1970.
11					ively to test for public sa	fatu Saa	section 5()Q(a)(4)		
12	\square	-	-	-	ively for the benefit of, to	•			rny out the	nurnoses of one or
					ed in section 509(a)(1) of					
					f supporting organization					
а		-			upervised, or controlled					aivina
				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se	• • • •	majority c				pporting
b		-			l or controlled in connect	tion with it	s sunnorte	d organizatio	n(s) hy hay	ina
~				-	anization vested in the sa			-		-
			-	at complete Part IV,		anne peree			90o osipi	
с				-	g organization operated	in connec	tion with, a	and functiona	llv integrate	d with
-		••	-	• • • •). You must complete I				.,	u ,
d			-		porting organization oper				ted organiz	zation(s)
			-		zation generally must sat				-	
			-		nplete Part IV, Sections	-		-		
е		_			written determination fro				II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number								
g	Pro	vide the follow	ing information	n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
					1					

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	553,067.	646,494.	1079811.	774,713.	881,350.	3935435.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	553,067.	646,494.	1079811.	774,713.	881,350.	3935435.
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)						514,472.
	Public support. Subtract line 5 from line 4.						3420963.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	553,067.	646,494.	1079811.	774,713.	881,350.	3935435.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	22,400.	21,100.	13,650.		0.	57,150.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	190,225.	261,563.	374,314.	335,966.	386,949.	
11	Total support. Add lines 7 through 10						5541602.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	273,996.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop	phere					
	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2023 (I		•			14	<u>61.73 %</u>
	Public support percentage from 2022					15	62.80 %
1 6a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the d				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•	7	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						[]
40	organization meets the facts-and-circu		•		••••		
18	Private foundation. If the organization	л ай пот спеск а		a, 100, 17a, or 170	, check this box a		(Form 990) 2023
						Scheuule A	(1 UTTT 330) 2023

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Schedule A	Form 990)) 2023

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.)

Sect	ion A. Public Support		,					
Calend	lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 0	aifts, grants, contributions, and							
n	nembership fees received. (Do not							
ir	nclude any "unusual grants.")							
2 0	Gross receipts from admissions,							
	nerchandise sold or services per-							
	ormed, or facilities furnished in							
	ny activity that is related to the organization's tax-exempt purpose							
	Bross receipts from activities that							
	re not an unrelated trade or bus-							
	ness under section 513							
	ax revenues levied for the organ-							
	zation's benefit and either paid to							
	r avaanded on ite behelf							
	•							
	he value of services or facilities							
	urnished by a governmental unit to							
	he organization without charge							
	otal. Add lines 1 through 5							
	mounts included on lines 1, 2, and							
	received from disqualified persons							
	mounts included on lines 2 and 3 received om other than disqualified persons that							
	xceed the greater of \$5,000 or 1% of the							
	mount on line 13 for the year							
сA	Ndd lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)			1				
Sect	ion B. Total Support		1		-			
	lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 A	mounts from line 6							
	Gross income from interest,							
	lividends, payments received on ecurities loans, rents, royalties,							
a	ind income from similar sources							
b U	Inrelated business taxable income							
(less section 511 taxes) from businesses							
а	cquired after June 30, 1975							
сA	Add lines 10a and 10b							
11 N	let income from unrelated business							
	ctivities not included on line 10b,							
	vhether or not the business is equilarly carried on							
	Other income. Do not include gain							
	or loss from the sale of capital							
	issets (Explain in Part VI.) otal support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for the	L ne organization's fi	rst second third	fourth or fifth tax	Vear as a section F	1 501(c)(?	3) organizatio	n
	heck this box and stop here	-			-			
Sect	ion C. Computation of Publi	ic Support Per	centage					
	Public support percentage for 2023 (column (f))		15		%
	Public support percentage from 2022					16		%
	ion D. Computation of Invest					1 1		, -
	nvestment income percentage for 20			ne 13. column (f))		17		%
	nvestment income percentage from					18		%
	3 1/3% support tests - 2023. If the					<u> </u>	6. and line 17	
	nore than 33 1/3%, check this box a							
	3 1/3% support tests - 2022. If the							
	ne 18 is not more than 33 1/3%, che							
	Private foundation. If the organization							
	12-21-23	AT GIG HOL OHEON A	557 OF INC 14, 19					(Form 990) 2023

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

	(Form 990) 2023		BLESSING	BOARD
Part IV	Supporting Orga	nizations	(continued)	

1

2

1

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

Section 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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy t	the Integral Part 1	Test during the ve	ear (see instructions).
-		to satisfy t	the integral i art i	col during the ye	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? *If* "*Yes*" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	(B) Current Year	
Sect	ion A - Adjusted Net Income		(A) Prior 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			
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

27-2775566 Page 7 Schedule A (Form 990) 2023 THE BLESSING BOARD

T ai	Type in Non-1 unctionally integrated 505(allo subborning orga	Continu	uea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

2023.05000 THE BLESSING BOARD

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVEN	NTS
2019 AMOUNT: \$	
2020 AMOUNT: \$	102,317.
2021 AMOUNT: \$	186,720.
2022 AMOUNT: \$	89,319.
2023 AMOUNT: \$	102,206.
FURNITURE/APPLIA	ANCE SALES
2019 AMOUNT: \$	86,893.
2020 AMOUNT: \$	117,707.
2021 AMOUNT: \$	134,819.
2022 AMOUNT: \$	182,515.
2023 AMOUNT: \$	215,882.
PICK UP FEES	
2019 AMOUNT: \$	55,712.
2020 AMOUNT: \$	41,558.
2021 AMOUNT: \$	51,570.
2022 AMOUNT: \$	61,479.
2023 AMOUNT: \$	63,147.
MISCELLANEOUS IN	NCOME
2019 AMOUNT: \$	75.
2020 AMOUNT: \$	-19.
2021 AMOUNT: \$	1,205.
2022 AMOUNT: \$	2,653.
332028 12-21-23	Schedule A (Form 990) 2023

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	e A (Form 990) :	2023		BLESSING				27-2775566	Page 8
Part V	Supplen Part IV Se	nental I	Information.	Provide the expl	anations req	uired by Part II, line 10; Pa , 11b, and 11c; Part IV, Se	art II, line 17a or 1 ection B lines 1 a	7b; Part III, line 12; nd 2: Part IV, Section	n C
	line 1; Part	IV, Secti	ion D, lines 2 an	d 3; Part IV, Secti	on E, lines 10	c, 2a, 2b, 3a, and 3b; Part	V, line 1; Part V, S	Section B, line 1e; Pa	art V,
	(See instru	ctions.)	5, and 8; and Pa	art V, Section E, IIr	ies 2, 5, and	6. Also complete this part	t for any additional	Information.	
2023	AMOUNT:	ć	5,714.						
2023	AMOUNI:	Ş	5,714.						
222028 12	01.00							Schedule A (Form)	000) 2023

Schedule A (Form 990) 2023

332028 12-21-23

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

27-2775566

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE BLESSING BOARD

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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THE BLESSING BOARD

noncash contributions.)

Schedule B (Form 990) (2023)

100484.1

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$64,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

27-2775566

Part I

Page 2

Schedule B (Form 990) (2023)

Employer identification number

27-2775566

THE BLESSING BOARD Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of organization

Page 3

100484.1

Name of o	rganization				Employer identification number
	LESSING BOARD				27-2775566
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the followin tharitable, etc., contributions of \$	a line entry. For or	ganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
		(e) Transf	er of gift		
-	Transferee's name, address, ar 	nd ZIP + 4	R(elationship of tra	nsferor to transferee
(-) N-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
-	Transferee's name, address, ar	(e) Transf		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
-		(e) Transf	er of gift		
-	Transferee's name, address, ar			elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
F		(e) Transf	er of gift		
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee

Schedule B (Form 990) (2023)

60	HEDULE D	Supplementa	al Financial S	statements			OMB No. 1	545-0047
	1 990)		nization answered "Ye				201	22
-	-	Part IV, line 6, 7, 8, 9, 10					Open to	
	nent of the Treasury Revenue Service	ہ Go to www.irs.gov/Form99		the latest information	on.		Inspect	
Nam	e of the organizati						r identificatio	
Der		THE BLESSING BOARD ations Maintaining Donor Advise	d Eundo or Othor	Cimilar Funda a	* ^ ~		27-27755	
Par		n answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r AC	counts.	Complete if the	ne
	organizatio		(a) Donor advis	sed funds	(1) Funds an	d other accou	Ints
1	Total number at er	nd of year			.,	yr ando an		
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in		neld in donor advised	d fund	3		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?	•			Yes	No No
6		on inform all grantees, donors, and donor a						
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for a	any other purpose co	onferrir	ng		
_	impermissible priv						Yes	No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Y	es" on Form 990, Pa	art IV,	ine 7.		
1		servation easements held by the organization	· · · · ·)				
		n of land for public use (for example, recrea	tion or education)	Preservation of a				a
		f natural habitat	L	Preservation of a	certif	ed historic	structure	
-		n of open space						
2	day of the tax year	through 2d if the organization held a qualit	fied conservation contri	bution in the form of	a con		asement on th at the End of th	
-					ł			
-		onservation easements				2a 2b		
b c	•	ricted by conservation easements vation easements on a certified historic stru	ucture included on line	0-	ſ	20 2c		
		vation easements included on line 2c acqu				20		
u		ture listed in the National Register	• •			2d		
3		vation easements modified, transferred, rel					a the tax	
	year		, 3 ,	, in the second s	5		5	
4	Number of states	where property subject to conservation eas	sement is located					
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspe	ction, handling of				
	violations, and enf	orcement of the conservation easements it	t holds?				Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conser	vatior	easement	s during the y	ear
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and e	enforcing conservatio	on eas	ements dur	ing the year	
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirement	ts of section $170/b)/4$	I)/B)/i)			
0	and section 170(h)						Yes	No
9	• •	be how the organization reports conservation						
-		d include, if applicable, the text of the footr		-			the	
		ounting for conservation easements.	3					
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Tr	easures, or Oth	er Si	milar As	sets.	
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its re	venue statement and	d bala	nce sheet w	vorks	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educatio	n, or research in furt	herand	ce of public	;	
		Part XIII the text of the footnote to its finar						
b	-	elected, as permitted under FASB ASC 95						
		sures, or other similar assets held for public	exhibition, education,	or research in furthe	rance	of public se	ervice,	
	•	ing amounts relating to these items.				•		
		ded on Form 990, Part VIII, line 1						
~	.,					\$		
2		received or held works of art, historical tre			jain, p	ovide		
а	-	unts required to be reported under FASB A on Form 990, Part VIII, line 1	-			¢		
		Form 990, Part X						

а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche		SSING BOARI						27-27		5 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, o	^r Othe	r Similaı	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	ollowing that	make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 Lo	oan or exc	hange progra	m					
b	Scholarly research	e	- O	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	/ further th	e organizatio	n's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histo	orical treas	sures, or othe	r simila	r assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the or	rganization	answered "	res" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T O	Ending balance										1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
		(a) Current year		or year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourront your	(2)111	or your	(0) 1110 you	o buon	(4) 11100)	Sure Such	(0) 1 0 0	youro	buon
h	Contributions										
č	Net investment earnings, gains, and losses										
о Ь	Grants or scholarships										
e	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a.	column (a)) held as:						
a	Board designated or quasi-endowment	,	%		,						
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that a	are held ar	nd administer	ed for th	пе				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, I	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	• •	Accumulate epreciation	ed	(d) Boo	k value	e
1a	Land										
	Buildings										_ /
с	Leasehold improvements				2,589.		96,03			<u>6,5</u> !	
d	Equipment			34	5,881.		280,64	44.	6	5,23	37.
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	<u>X. line 10c</u>	<u>, column</u>	<u>(B))</u>				58	1,78	88.

Schedule D (Form 990) 2023

332052 09-28-23

Investments	 	DOIMD
(Form 990) 2023	 BLESSING	BOARD

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
		(c) Method of Valdation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			9,800.
(2) RIGHT OF USE ASSET			4,559,740.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4,569,540.
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	I. (B))		4,309,340.
	on Form 000 Dort IV/ line	110 or 11f Coo Form 000 Port V line 25	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e of 111. See Form 990, Part X, INE 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
			5,001,459.
(2) OPERATING LEASE LIABILITI	ES		
(2) OPERATING LEASE LIABILITI	ES		
	ES		
(3)	ES		
(3) (4)	ES		
(3) (4) (5)	ES		
(3) (4) (5) (6)	ES		
(3) (4) (5) (6) (7)	ES		
(3) (4) (5) (6) (7) (8)			5,001,459.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 📖 🚺

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 THE BLESSING BOARD			2775566 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,263,297.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е			2e	0.
3	Subtract line 2e from line 1			1,263,297.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
b				0.
b C	Add lines 4a and 4b		4 c	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1.	2.)		1,263,297.
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 1</i> rt XII Reconciliation of Expenses per Audited Financial S	2.)		1,263,297.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1.	2.) tatements With Expens		1,263,297.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements With Expensi line 12a.	5 ses per Returr	1,263,297.
c 5 Par	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 1</i> , t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) tatements With Expensi line 12a.	5 ses per Returr	1,263,297.
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements	2.) tatements With Expension line 12a.	5 ses per Returr	1,263,297.
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, rt XII) Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With Expension line 12a.	5 ses per Returr	1,263,297.
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements With Expension line 12a. 2a 2b	5 ses per Returr	1,263,297.
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2.) tatements With Expension line 12a. 2a 2b 2c	5 ses per Returr	1,263,297.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, Intel 1,	2.) tatements With Expension line 12a. 2a 2b 2c 2c 2d	5 Ses per Return	1,263,297. 1,496,704. 0.
c 5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1, International S Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2.) tatements With Expension line 12a. 2a 2b 2b 2c 2c 2d	5 ses per Return	1,263,297. 1,496,704.
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, Intel 1,	2.) tatements With Expension line 12a. 2a 2b 2b 2c 2c 2d	5 ses per Return	1,263,297. 1,496,704. 0.
c 5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) tatements With Expension line 12a. 2a 2b 2c 2d	5 ses per Return	1,263,297. 1,496,704. 0.
c 5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) tatements With Expension line 12a. 2a 2b 2c 2d 2d	5 ses per Return	1,263,297. 1,496,704. 0.
c 5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2.) tatements With Expension line 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 Ses per Return 1 2e 3	1,263,297. 1,496,704. 0. 1,496,704. 0.
c 5 Pai 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2.) tatements With Expension line 12a. 2a 2b 2c 2d 2d 4a 4b	5 5es per Return 1 2e 3 3	1,263,297. 1,496,704. 0. 1,496,704.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AS IT HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(2).

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE

INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED TAX

POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE 332054 09-28-23 Schedule D (Form 990) 2023 JURISDICTIONS WHERE IT OPERATES.

THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2023 OR DECEMBER 31, 2022. THE ORGANIZATION'S POLICY IS TO CLASSIFY ANY INCOME TAX RELATED INTEREST AND PENALTIES TO INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY.

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2023

332055 09-28-23

09191028 781024 100484.10001

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, (or if the	2023		
Department of the Treasury Internal Revenue Service	0	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection								
Name of the organization	organization Employer identification number									
Deut L. Frankreis		SSING BOARD					27-277			
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, li	ine 17	'. Form 990-I	EZ filers are not		
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Y	es 🗌 No be		
(i) Name and addres or entity (func		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)			
			Yes	No						
Total										
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List ev	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 GIVING	(b) Event #2 SOUTH	(c) Other events	(d) Total events (add col. (a) through
			TUESDAY	SHOWROOM OPE	-	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	36,852.	22,143.	43,211.	102,206.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	36,852.	22,143.	43,211.	102,206.
	4	Cash prizes				
s		Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
		Entertainment				
		Other direct expenses		1,358.	3,644.	5,002.
		Direct expense summary. Add lines 4 through		•		5,002. 5,002.
	11	Net income summary. Subtract line 10 from li	97,204.			
Pa	irt I	II Gaming. Complete if the organization		1 990, Part IV, line 19, or re		
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve						
ш —	1	Gross revenue				
Sé	2	Cash prizes				
suse						
xpe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

b If "No," explain:

%

Yes

No

Yes

No

%

Yes

No

%

332082 09-13-23

Schedule G (Form 990) 2023

Yes

5 Other direct expenses

6 Volunteer labor

No

Sch	edule G (Form 990) 2023	THE BLESS	ING	BOARD		27-	277556	5 Page 3
11 12	Does the organization conduct ga Is the organization a grantor, bene	eficiary or trustee of a	a trus	t, or a member	of a partnership or other	entity formed	Yes	No
40	to administer charitable gaming?						Yes	└── No
	Indicate the percentage of gaming The organization's facility						13a	%
	An outside facility						13b	<u>%</u>
	Enter the name and address of the						••	
	Name							
	Address							
15a	Does the organization have a con-	tract with a third part	y fror	n whom the or	ganization receives gami	ng revenue?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gam of gaming revenue retained by the		by th	e organization	\$	and the amount		
С	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		lndep	endent contractor			
17	Mandatory distributions:							
а	Is the organization required under	state law to make c	harita	ble distributior	is from the gaming proce	eds to		
h	retain the state gaming license? Enter the amount of distributions				d to other exempt erappi		. L Yes	No No
U.	organization's own exempt activit	•		\$		zations of spent in the		
Pa	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as	mation. Provide th	ne exp	lanations requ			art III, lines 9,	9b, 10b,
EX	PENSES BREAKDOWN							
RA	FFLE TICKET PRINT	ING FOR OCC	: R <i>I</i>	AFFLE -	\$134			
QR	-CODE GENERATOR -	\$177						
<u>BB</u>	Q, BREWS AND BLESS	SINGS POSTO	ARI	DS AND M	AILING - \$1,	553		
DE	CORATIONS AND SUP	PLIES FOR E	BQ	, BREWS	AND BLESSING	S - \$161		
DI	NNERS FOR BBQ BREV	NS AND BLES	SII	1GS - \$9	37			
AM	Y HEHN IN KIND COM	NTRIBUTIONS	5 –	\$79				
	UREL VALLEY GOLF F OD AT MEETING - \$2		.,83	39				
33208	33 09-13-23					Schee	dule G (Forn	n 990) 2023

TOTAL - \$5,002

Schedule G (Form 990)

332084 04-01-23

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-00	OMB No. 1545-0047			
(Form 990)		Go	vernments, an	d Individua	ls in the Úni	ted States		2023	3			
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.								blic			
Internal Revenue Service								Open to Pub Inspection				
Name of the organization	tion							Employer identification nu				
	THE BLESS							27-27755	566			
	nformation on Grants a											
•	ization maintain records t		6		• • •	0						
	award the grants or assis t IV the organization's pro							A Yes	No			
	nd Other Assistance to I					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any				
recipient	that received more than \$	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.							
	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	t			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

THE BLESSING BOARD

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OME FURNISHINGS	1415	0.	304,614.	THRIFT SHOP VALUE	FURNITURE & HOUSEHOLD GOODS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I PART I LINE 2

THE BLESSING BOARD RECORDS THE ITEMS DISTRIBUTED TO EACH RECIPIENT

(FAMILY). THERE IS NO FORMAL QUALIFICATION REQUIREMENTS TO RECEIVE

ASSISTANCE. MANY OF OUR CLIENTS ARE REFERRED TO US BY SOCIAL AGENCIES

AND THE VA. RECIPIENTS ARE REQUIRED TO MAKE AN APPOINTMENT TO VISIT ONE

OF OUR DISTRIBUTION CENTERS, SPECIFY THEIR NEEDS, AND PROVIDE THEIR OWN

TRANSPORTATION TO & FROM THE DISTRIBUTION CENTER WHERE THEY ARE

ESCORTED THROUGH THE FACILITY TO SELECT THE ITEMS THEY SPECIFIED AT THE

TIME THEY MADE THEIR APPOINTMENT.

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Par

12 13

30a

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ΖU

Employer identification number

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

mitr DI POOTNO DOADD

THE BLESSING	BOARD				27-25	7755	66	
t I Types of Property								
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of det h contribut			5
Art - Works of art								
Art - Historical treasures								
Art - Fractional interests								
Books and publications								
Clothing and household goods	X		388,109.	THRIFT	SHOP	VAL	UE	
Cars and other vehicles								
Boats and planes								
Intellectual property								
Securities - Publicly traded								
Securities - Closely held stock								
Securities - Partnership, LLC, or								
trust interests								
Securities - Miscellaneous								
Qualified conservation contribution -								
Historic structures								
Qualified conservation contribution - Other								
Real estate - Residential								
Real estate - Commercial								
Real estate - Other								
Collectibles								
Food inventory								
Drugs and medical supplies								
Taxidermy								
Historical artifacts								
Scientific specimens								
Archeological artifacts								
Other ()								
Other ()								
Other ()								
Other ()								
Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions					
for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement					
							Yes	No
During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it				
must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for				
exempt purposes for the entire holding period	?					30a		Х

b If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Х

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

222142 00 11 22	Schedule M (Form 990) 2023
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SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-2775566

THE BLESSING BOARD

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSEHOLD GOODS.

FORM 990, PART

FORM 990, PART VI, SECTION B, LINE 11B:

I,

THE BOARD HAS ENTRUSTED THE PREPARATION OF FORM 990 & REQUIRED SCHEDULES TO

LOUIS PLUNG & COMPANY LLP A CONSULTANT AND CPA. THE FINANCIAL INFORMATION

INCLUDED IN FORM 990 HAS BEEN RECONCILED TO THE BLESSING BOARD'S

INDEPENDENTLY AUDITED FINANCIAL STATEMENTS FOR 2022 - SEE SCHEDULE D PARTS

XI AND XII.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS AND OFFICERS COMPLETE A COI STATEMENT ANNUALLY. THE

STATEMENTS ARE COLLECTED AND REVIEWED BY THE TREASURER IN CONNECTION WITH

PREPARING FORM 990.

FORM 990, PART VI, SECTION C, LINE 19:

THE BLESSING BOARD'S GOVERNING DOCUMENTS AND COI POLICY ARE AVAILABLE UPON

REQUEST. ITS FORMS 990 ARE AVAILABLE THROUGH WWW.GUIDESTAR.ORG, AS IS ITS

IRS TAX-EXEMPTION LETTER.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL

STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023