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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2010 calendar year, or tax year beginning and ending D Employer identification number Name of organization В Check if applicable ABRAHAM'S BLESSING Doing Business As Address change JEZREEL INTERNATIONAL 14-1790920 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Initial return 10 INTERSTATE AVENUE (518) 438-4370 City or town, state or country, and ZIP + 4 Terminated ALBANY NY 12205 G Gross receipts \$ 319.054 Amended return Name and address of principal officer ΧΙ Application pending No H(a) Is this a group return for affiliates? Barry Feinman 10 Interstate Ave, Albany, NY 12205 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c)) (insert no) 4947(a)(1) or Tax-exempt status jezreelinternational org Website: ▶ H(c) Group exemption number ▶ L Year of formation 1996 X Corporation Trust Association Other ▶ M State of legal domicile K Form of organization NY Part I Summary Briefly describe the organization's mission or most significant activities The organization acquires donated foodstuffs, clothing, medical supplies, household items and other helpful products and Activities & Governance ships them to needy countries. Goods are received in, warehoused and bulk shipped to various destinations for humanitarian purposes Goods are distributed by trusted associates Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b). Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7h 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)
Program service revenue (Part VIII, line 2g) 303,437 315,754 9 0 Investment income (Part), column (A), lines 3, 4, and 7d). 0 10 ည်then revenge (PartiVIII, င်တို့ပုံmn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.022 11 3,300 of tal revenue—add lines 8 though 11 (must equal Part VIII, column (A), line 12) 305,459 319,054 12 Grants-and-similar amounts paid (Part IX, column (A), lines 1-3) 13 4,596 4,191 Benefits paid To or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 133,189 123,843 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 136,913 184,024 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 274,698 312,058 18 30,761 19 Revenue less expenses Subtract line 18 from line 12. 6,996 **Beginning of Current Year End of Year** 49,426 49,678 20 Total assets (Part X, line 16) 9,051 Total liabilities (Part X, line 26) 2,307 21 40.375 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of officer Here President Barry Feinman Type or print name and title Date PTIN Print/Type preparer's name signature Check X Paid P01237234 5/12/2011 self-employed R Douglas Lewis Preparer's Firm's EIN > 14-1778634 Firm's name ► R Douglas Lewis CPA **Use Only** Firm's address ▶ 382 Overlook Lane, Duanesburg, NY 12056 (518) 355-3478 Phone no X Yes

Form **990** (2010)

No

(HTA)

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

_	90 (2010)	ABRAHAM'S BLESSING	14-1790920	Page 2
_ Pa	rt III	Statement of Program Service Accomplishments		
_		Check if Schedule O contains a response to any question in this Part III		
1	Briefly o	lescribe the organization's mission		
	Jezreel	International's mission is to meet the dietary, medical & clothing needs of		
	disadva	ntaged people in Africa, Europe & Asia.		
2		organization undertake any significant program services during the year which were not listed on		
	the prio	r 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 significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4		e the exempt purpose achievements for each of the organization's three largest program services	s by expenses	
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am		d
		ons to others, the total expenses, and revenue, if any, for each program service reported.	3	
4a	(Code) (Expenses \$ 274,191 including grants of \$ 4,191) (Revenue	ie \$ 315	5.754)
		d donated foodstuffs, medical supplies and household living products. Organized and	***************************************	1111./
	wareho	used the same Aggregated appropriate products according to needs of respective		
	destina	ions Bulk shipped products in countries to Africa, Europe & Asia		
			_	
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	 ie \$	0)
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	ie \$	0)
4d	Other p	rogram services (Describe in Schedule O)		
	(Expen		0)	
	Takala	274 191		

Part IV Checklist of Required 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	X	
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		Х
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,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	-:-	1,733	
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	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	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_
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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, XII, and XIII	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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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 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?	<u> </u>		``
. •	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

19? Note. All Form 990 filers are required to complete Schedule O

Par	t IV Checklist of Required Schedules (continued)			-gu
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			1
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1.		
.4	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		<u> </u>
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05		
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			l
	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	254		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		 ^
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		**	l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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,			ĺ
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			ĺ
	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	'		١.,
	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, Parts II,	1 24		
25	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a	35		 ^
а	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
JJ	organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		$\stackrel{\sim}{\vdash}$
Ψ,	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 in Schedule O for Part VI, lines 11 and			
		1		t

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V.					<u> </u>
		1 . 1	2		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 in line 1a Enter -0- if not applicable	1b	-0-	4		ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	and re	portable			
2-	gaming (gambling) winnings to prize winners? .	1 1		1c	Х	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2-		,<*		
6	If at least one is reported on line 2a, did the organization file all required federal employment ta	2a_		4		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instr			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3)	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	other a	authority	100		
	over, a financial account in a foreign country (such as a bank account, securities account, or ot		•			
	account)?			4a		×
b	If "Yes," enter the name of the foreign country. •				1,5	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Final	ancial	Accounts	<i>*</i> ,	, ,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ear?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to	ansac	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did th	e			
	organization solicit any contributions that were not tax deductible? .			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contact the second state of the second se	ributio	ons or			
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		•	6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for r	noods	1,3		, , , , , , , , , , , , , , , , , , ,
-	and services provided to the payor?	iy ioi ş	joods	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		 ^`
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it wa	ıs			
	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 be			7e	_	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		•	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		orm 1098-C7	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorial sponsorial section 509(a)(3) support organizations.	_		,		7.1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sport	somig		8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		·	9b		<u> </u>
0	Section 501(c)(7) organizations. Enter:			,	. ,	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_[
b	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					İ
	against amounts due or received from them)	[11b]	40440			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		10417	12a	<u> </u>	
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		\dashv		
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule	o	•	100		
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		Х
h	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Sc	hedul	a ()	14h	1	1

20

organization

Steven Kowalsky

Page 6 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 in Schedule O See instructions. Check if Schedule O contains a response to any question in this Part VI Х Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members . . . 7a of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following ڒٷ 8a a The governing body? Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Х 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the

10 Interstate Avenue, Albany, NY 12205

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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 to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor ar	ny related organ	nizatio	on c	om	pen	sated	l an	y current officer	, director, or true	stee
(A)	(B)	Posit	uon (C)	that ap	nha	(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	or director		Officer			Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Barry Feinman					_					
President (2) To 5	8			X	├	-		14,000	0	0
(2) Toni Feinman Vice President	2			x				0	0	0
(3) Jay Francis										
Secretary	2	<u> </u>	├ —	Х	<u> </u>	<u> </u>	ļ	0	0	0
(4) Steven Kowalsky Treasurer	2			X				o		0
(5)										
(6)					-					
(7)					-					
(8)										
(9)										
(10)										
(11)										
(12)										
(13)	i			_						
(14)										
(15)										
(16)										

Р	art VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employee	s (cor	ntınuec	d)
	(A)	(B)	Posit	ion (d		C) kalli	that ap	nlv\	(D)	(E)			(F)
	` Name and title	Average hours per week (describe hours for related organizations in Schedule O)	or director		Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportati compensa from relati organizati (W-2/1099-M	tion ed ons	amo compo fros organ and	mated punt of ther ensation in the nization related pizations
<u>(17)</u>													
(18)													
(19)													
(20)					İ								
(21)													
(22)													
(23)													
(24)								-					
(25)								j					
(26)													
(27)													
(28)		_			i								
1b	Sub-total							>	14,000		0		
C	Total from continuation sheets to Part VII,	Section A .	•			•		>	14,000	<u> </u>	0		0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not						ho re						
	reportable compensation from the organization	n -			0								<u> </u>
3	Did the organization list any former officer, die employee on line 1a? <i>If</i> "Yes," complete Sche					yee	, or h	ighe	est compensate	d	[Y	es No
4	For any individual listed on line 1a, is the sum					an an	d oth	OF (· compensation fr	om	t	<u>,</u>	X_
4	the organization and related organizations gre												
	ındıvıdual											4	X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "									ndıvıdual	}	5	<u></u>
Sec	tion B. Independent Contractors	, oo, oomplote	000	<u> </u>		<u> </u>				<u>. </u>			
1	Complete this table for your five highest comp	ensated indepe	ender	it co	ntra	acto	rs th	at re	eceived more th	an \$100,00	00 of		
	compensation from the organization							T					
	(A) Name and business add	lress							(B) Description of ser	vices	С	(C) ompensa	ation
								_					
													<u>C</u>
_													
2	Total number of independent contractors (including than \$100,000 in compensation from the		nited •	to t	hos	e lis	sted a	abo	ve) who receive	d			

Part	VIII	Statement of Revenue						
	•		¥		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
· ·						revenue		512, 513, or 514
활		- Cadrace campaigns	1a	0	,	s. ŧ.	4	!
gra Iou	b	HI-1112-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1b	0				,
S, E	С	Fundraising events L	1c	0	• •	• •		
ar al	d	Related organizations	1d	0	ž		•	
S, E	е	Government grants (contributions)	1e	0				
ion		All other contributions, gifts, grants, and			, 45	* '	Ý	
le et			1f	315,754	2.	3" "	1	!
<u>ت</u> تا	a	Noncash contributions included in lines 1a-1f	\$	0		•	5	
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a–1f	-	▶	315,754	**	\$	
		Total / Ida III/oo Id		Business Code		, , , , , ,	, .	ş.
Program Service Revenue	2a		ţ		0			
eve	_		ŀ		0			
e, E	b		ł		0			
Ž	C .		}		0			
Se	a		}		0			
ram	е		}		0			
rog	f	All other program service revenue .	l			(a (a°∰1)		
۵	g	Total. Add lines 2a–2f		<u> </u>	0			
	3	Investment income (including dividends, inte	erest	t, and				
		other similar amounts)		▶	0			
	4	Income from investment of tax-exempt bond	pro	ceeds -	. 0			
	5	Royalties		_ _	0			
		(ı) Real		(ii) Personal	> "sko	5 · 3 *		*,
	6a	Gross Rents				1	, «	
	ь	Less rental expenses			'\(\psi\)		`	**
	C	Rental income or (loss) .	0	0		.*	*	
	d	Net rental income or (loss)			0	the agent of the sector makes the	and a second and delicate of	
		a (A) Casumba	es.	(II) Other	×	· · · · · · · · · · · · · · · · · · ·	,	,,,,
	7a	assets other than inventory	0			*	*	1
	١.			ļ <u>~</u>	1			
	D	Less cost or other basis	۸	0		,		
		and sales expenses .	0 0		jā. N	,	*	
	C	Gain or (loss)			0			
	d	Net gain or (loss)						
Φ					2004	. · *		
Other Revenue	8a	Gross income from fundraising			,			
Š		events (not including \$0			* - "	,	*	
ď		of contributions reported on line 1c)]			j	
Ĕ		See Part IV, line 18	а	0	4		1	
#		Less direct expenses	b	0				
_		Net income or (loss) from fundraising event	S		<u> </u>	1	 	
	9a	Gross income from gaming activities			ļ	1		
		See Part IV, line 19	а		4		1	
	b	Less, direct expenses	b	0				. -
	C	Net income or (loss) from gaming activities)		
	10a	Gross sales of inventory, less						
	-	returns and allowances	а)			
	b	Less cost of goods sold .	b	C]			
		Net income or (loss) from sales of inventory	,	. •)		
	├	Miscellaneous Revenue		Business Code				1
	11a			T		5		
	ì							
	b		-			5		
	C	All other recents	-		3,300			
	d	All other revenue	•		3,300		 	
	е				319,05		0	
	12	Total revenue. See instructions		<u></u>	1 319,05	T	<u> </u>	<u> </u>

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) but are not required to complete columns (B), (C), and (D)

	 All other organizations must complete column (A) but are not require	ed to complete col	ımns (B), (C), and	(D)
Do not include amounts reported on lines 6b, 7b, 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 governments and				CAPCINGCO
	organizations in the U.S. See Part IV, line 21 .	4,191	4,191		
2	Grants and other assistance to individuals in			* ,	
_	the U.S. See Part IV, line 22	o			~
3	Grants and other assistance to governments,			, , , , , , , , , , , , , , , , , , , ,	.游
-	organizations, and individuals outside the				1
	U S See Part IV, lines 15 and 16	o		, ,	,
4	Benefits paid to or for members			/, da	<u>`</u>
5	Compensation of current officers, directors,			, , , ,	
3	trustees, and key employees	14 000	0	44.000	0
c	* * *	14,000	0	14,000	0
6	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and	ا			
-	persons described in section 4958(c)(3)(B)	0 00	07.004	0.700	
7	Other salaries and wages	90,680	87,881	2,799	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0			
9	Other employee benefits	12,019	5,519	6,500	
10	Payroll taxes .	7,144	7,144	0	
11	Fees for services (non-employees)	_			
a	Management .	0			
b	Legal	0			
С	Accounting	2,215	215	2,000	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	5,774	5,774		-
14	Information technology	7,994	7,194	800	
15	Royalties .	0			
16	Occupancy	44,486	40,037	4,449	
17	Travel .	11,789	5,894	5,895	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings	570	0	570	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	1,069	1,069		0
23	Insurance	8,872	8,872		
24	Other expenses Itemize expenses not covered	orn ; ,			t
	above (List miscellaneous expenses in line 24f. If	કહ્યું ન્યુદેત વર્ષ		, ,	
	line 24f amount exceeds 10% of line 25, column	, 53, ×6.1	- *		i
	(A) amount, list line 24f expenses on Schedule O)		. r		
а	Freight & Shipping Expenses	57,736	57,736		
b	Warehouse Repairs, Maint & Supplies	22,287	22,287		
С	Truck & Automobile	8,012	8,012		
d	Utilities	8,541	7,687	854	
е	Waste Disposal	2,436	2,436		
f	All other expenses	2,243	2,243		
25	Total functional expenses. Add lines 1 through 24f	312,058	274,191	37,867	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column	!			
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
					Form 990 (2010)

Pa	ırt X	Balance Sheet					
		•		(A) Beginning of year	_	(B) End of year	
	1	Cash—non-interest-bearing .		48,766	1	34,7	710
	2	Savings and temporary cash investments	•		2		
	3	Pledges and grants receivable, net .		0	3		0
	4	Accounts receivable, net	•	0	4		<u> </u>
	5	Receivables from current and former officers, of	directors trustees key	7 & () (8)	<u> </u>		. <u> </u>
	3	employees, and highest compensated employe				, , ,	·
		Schedule L		5		_ 4	
	6	Receivables from other disqualified persons (a		jix	* 1 30%,	- i	
	٥	4958(f)(1)), persons described in section 4958		, , ,		, %	. !
		employers and sponsoring organizations of se		* %	· · · · · · · · · · · · · · · · · · ·	* * 4	
S		employees' beneficiary organizations (see inst			<u></u>		. 1
Assets	7	Notes and loans receivable, net .	radions	0	7		0
As	8	Inventories for sale or use	•		8		_
	9	Prepaid expenses and deferred charges	·		9		
		·			12¢	31,322	**]
	10a	other basis Complete Part VI of Schedule D	10a 18,007		,*		
	_	Less accumulated depreciation	10b 3,039	660	10c	14,9	\$J 968
	1	Investments—publicly traded securities	3,033	0	11		0
	11	Investments—publicly traded securities : Investments—other securities See Part IV, lin		0			 0
	12	Investments—other securities See Part IV, iii Investments—program-related See Part IV, iii		0			-
	13	, G	ie ii .	0	$\overline{}$		-
	14	Intangible assets .		0		· 	 0
	15	Other assets See Part IV, line 11		49,426		40.6	678
	16	Total assets. Add lines 1 through 15 (must ed	uai lille 34) .	9,051			307
	17 18	Accounts payable and accrued expenses . Grants payable	•	3,001	18	Σ,	501
	ľ	Deferred revenue			19		
	19	Tax-exempt bond liabilities .		20			
10	20	Escrow or custodial account liability Complete	Part IV of Schedule D		21		
tie	21 22	Payables to current and former officers, direct		1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*%2 ,	
豆	22	employees, highest compensated employees,				*	
Liabilities		persons Complete Part II of Schedule L	and disquamed		22		
_	23	Secured mortgages and notes payable to unre	elated third parties	0			0
	24	Unsecured notes and loans payable to unrelate		0			0
	25	Other liabilities Complete Part X of Schedule		0			0
	26	Total liabilities. Add lines 17 through 25.	_	9.051	+	2.	307
		Organizations that follow SFAS 117, check	here ▶ and		,;	1,100	•
S		complete lines 27 through 29, and lines 33	L			· ·	
ĕ			and 54.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27		
<u>a</u>	27	Unrestricted net assets			28		
ä	28	Temporarily restricted net assets			29		
Ĕ	29	Permanently restricted net assets			29		
or Fund Balances		Organizations that do not follow SFAS 117	, check here ▶ <u></u> X	,	ļ		
		and complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current fund			30		
SS	31	Paid-in or capital surplus, or land, building, or			31		
žt ∆	32	Retained earnings, endowment, accumulated	income, or other funds	40,375			371
ž	33	Total net assets or fund balances	•	40,375	_		371
	34_	Total liabilities and net assets/fund balances		49,426	34		678

orm 9	90 (2010) ABRAHAM'S BLESSING	14	4-1790920	Pag	ge IZ		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		319	,054		
2	Total expenses (must equal Part IX, column (A), line 25)	2 3		312,0			
3	Revenue less expenses Subtract line 2 from line 1		6,99				
4	• • • • • • • • • • • • • • • • • • • •						
5	Other changes in net assets or fund balances (explain in Schedule 0)	5					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	1					
	column (B))	6		<u>47</u>	<u>,371</u>		
Part	XII Financial Statements and Reporting			1			
	Check if Schedule O contains a response to any question in this Part XII				4		
				Yes	No_		
1	Accounting method used to prepare the Form 990 CashX Accrual Other		_ ./				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				*>< 1		
	Schedule O			w			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	it of			ĺ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın		6	~* .4		
	Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	:	,	Ý.	1		
	issued on a separate basis, consolidated basis, or both				,		
	X Separate basis Consolidated basis Both consolidated and separate basis		×	, 1, _	, 2000 - 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	Э					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	3	3b				
			Form	990	(2010)		

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ►See separate instructions.

Inspection Employer identification number

		M.2 BLESSIN							l		790920
Par				arity Status (All org						struction	ns
	rgar		•	ation because it is: (Fo		_		-	•	: 1	
1	님	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	님	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .									
3	H			_							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5		-		r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit described
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed	in sectior	170(b)(1)(A)(v).		
7				y receives a substanti (1)(A)(vi). (Complete f		its suppoi	rt from a g	jovernme	ntal unit o	or from th	e general public
8		A community	y trust described	i in section 170(b)(1)(A)(vi) . (C	omplete F	Part il)				
9	X	receipts from support from	n activities relate i gross investme	y receives (1) more the doto its exempt function to the cent income and unrelated after June 30, 1975.	ons—subj ted busine	ect to cer ess taxabl	tain exce _l le income	otions, an (less sec	id (2) no i ction 511	nore thar	33 1/3% of its
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)(4).	
11 e		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section									
f			section 509(a)(2 zation received :	- <i>,</i> a written determinatior	from the	IRS that	ıtıs a Tvr	el Type	II or Tyr	e III sunn	ortina
'		-	, check this box			triat					
g		-		the organization acce	pted any	gift or con	tribution f	rom any	of the		
		following per									
		• •	-	or indirectly controls,		_		persons (described	l ın (iı)	Yes No
		-		verning body of the superson described in (i)		rganizatio	onγ.	•			11g(ı)
		• •	•	y of a person describe		· (II) above					11g(II) 11g(III)
h				ation about the suppor							[119(m)]
		of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amount of support
			[Yes	No	Yes	No	Yes	No	1
(A)	-										
						<u> </u>		<u> </u>			0
(B)											0
(C)						:				ļ	0
(D)									-	-	0
(E)							-		-	-	0
Tota	ı							i L			0

Total

instructions

Par	(Complete only if you checked the						
	Part III If the organization fails to	qualify under	the tests liste	d below, plea	se complete l	Part III)	
	ion A. Public Support	1 () 2222			T 20 222		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					1	
_	include any "unusual grants ")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						_
•	its behalf.						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
4	organization without charge Total. Add lines 1 through 3				<u> </u>		0
4 5	The portion of total contributions by each	17 Per (424) 1144 197	Contract to the second of the	(00)	0	0	0
5	person (other than a governmental unit					\$ C.	
	or publicly supported organization)]	
	included on line 1 that exceeds 2%			BANG MAS			
	of the amount shown on line 11,				\$ 3 \$2.*	,	
	column (f)					(, j	
6	Public support. Subtract line 5 from line 4	3		1.0		**	0
	ion B. Total Support			- 35,58	L×:		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0	0	0	0		0
8	Gross income from interest, dividends,	<u>_</u>					
•	payments received on securities loans,						
	rents, royalties and income from similar					[
	sources						0
9	Net income from unrelated business						<u>_</u>
	activities, whether or not the business is						
	regularly carried on .						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·	75		,,	,	0
12	Gross receipts from related activities, etc. (see instructions	s)			12	
13	First five years. If the Form 990 is for the c	_	rst, second, thi	rd, fourth, or fit	th tax year as	a section 501(c)(3)
	organization, check this box and stop here			•			▶
Sec	tion C. Computation of Public Support	t Percentage		·			
14	Public support percentage for 2010 (line 6,	• • •	•	column (f))		14	0 00%
15	Public support percentage from 2009 Schei				•	15	0 00%
16a	33 1/3% support test-2010. If the organiza				ne 14 is 33 1/3º	% or more, che	ck this box
	and stop here. The organization qualifies a						▶ 📙
b	33 1/3% support test-2009. If the organiza				ind line 15 is 3	3 1/3% or more	, check this
	box and stop here. The organization qualif	· · · · · · · · · · · · · · · · · · ·		_	•	•	▶ []
17a	10%-facts-and-circumstances test–2010. is 10% or more, and if the organization meet Part IV how the organization meets the "factorganization".	ets the "facts-ar cts-and-circums	nd-circumstand tances" test T	es" test, check he organization	this box and sond sond sond sond sond sond sond so	stop here. Expl publicly suppo	aın ın rted ▶ ☐
b	10%-facts-and-circumstances test–2009. 15 is 10% or more, and if the organization is Part IV how the organization meets the "fact supported organization	meets the "facts cts-and-circums	s-and-circumst tances" test T	ances" test, ch he organization	eck this box ar n qualifies as a 	nd stop here. i publicly	Explain in ▶ []
18	Private foundation. If the organization did	not check a bo	x on line 13, 16	oa, 16b, 17a ,o	r 1/b, check th	us box and see	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

-	tion A Public Support	nuer the tests	listed below,	please comp	iete Part II)		
	tion A. Public Support	4-1 0000	(L) 0007	(-) 0000	4.13.0000	4) 0040	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	232,727	234,710	237,617	303,437	315,754	1,324,245
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	232,727	234,710	237,617	303,437	315,754	1,324,245
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						1,324,245
	tion B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	232,727	234,710	237,617	303,437	315,754	1,324,245
10a	Gross income from interest, dividends, payments received on securities loans,		.,,,,,,			- 0.0110.1	
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
_	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				2,022	3,300	5,322
13	Total support. (Add lines 9, 10c, 11, and 12)	232,727	234,710	237,617			1,329,567
14	First five years. If the Form 990 is for the organiz organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		e 13, column (f))			15	99 60%
16	Public support percentage from 2009 Schedule A,					16	99 83%
	tion D. Computation of Investment Inc		age				
17	Investment income percentage for 2010 (line 10c,			ımn (f))		17	0 00%
18	Investment income percentage from 2009 Schedu					18	0 00%
19a b	33 1/3% support tests-2010. If the organization on more than 33 1/3%, check this box and stop h 33 1/3% support tests-2009. If the organization of	did not check the nere. The organiz	box on line 14, a ation qualifies as	a publicly suppo	orted organizatio	n	► X
	line 18 is not more than 33 1/3%, check this box a	and stop here. Th	e organization q	ualifies as a pub	licly supported o	rganization	
20	Private foundation. If the organization did not ch	eck a box on line	14, 19a, or 19b.	check this box a	nd see instruction	ns	▶

	990 or 990-EZ) 2010 ABRAHAM'S BLESSING	14-1790920	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	by Part II, line	10,
•	'Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional instructions)		
			•••••
			·
			~

SCHEDULE D (Form 990)

Supplemental Financial Statements

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990.

► See separate instructions.

ABRAHAM'S BLESSING 14-1790920

	the organization answered "Yes" to	o cominged Pan IV line i	0	
	tilo organization anovored Too t	(a) Donor advised fun		(b) Funds and other accounts
1	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and d			
	funds are the organization's property, subject	_	_	
	Did the organization inform all grantees, dor			
	used only for charitable purposes and not fo		donor advisor,	· —
	purpose conferring impermissible private be			Yes No
Part	Conservation Easements. Comp	lete if the organization an	swered "Yes"	to Form 990, Part IV, line 7
1]	Purpose(s) of conservation easements held			
L	Preservation of land for public use (e.g., recr	eation or education)	Preservation	of an historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conser	vation contributi	on in the form of a conservation
(easement on the last day of the tax year.			
				Held at the End of the Tax Year
	Total number of conservation easements		•	. 2a
	Total acreage restricted by conservation eas		: :	2b
	Number of conservation easements on a ce			2c
	Number of conservation easements included		16, and not on a	1 1
	historic structure listed in the National Regis			. 2d
	Number of conservation easements modified	d, transferred, released, ext	inguisned, or tei	iminated by the organization
	during the tax year Number of states where property subject to	consequation easement is k	ncated •	
	Does the organization have a written policy			n handling of
	violations, and enforcement of the conserva		toring, inoposito	. Yes No
	Staff and volunteer hours devoted to monito		ıng conservatior	
	>	<i>5,</i> , <i>5,</i>	· ·	3 ,
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing c	onservation eas	ements during the year
	▶ \$			
	Does each conservation easement reported		he requirements	of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		•	Yes No
	In Part XIV, describe how the organization re			
	balance sheet, and include, if applicable, the		organization's fir	nancial statements that describes
	the organization's accounting for conservation		Division of Other	Cimilar Aparta
Part	Organizations Maintaining Collection Complete of the organization answere			Similar Assets.
				
	If the organization elected, as permitted und			
	works of art, historical treasures, or other su of public service, provide, in Part XIV, the te	•	·	
		ext of the foothote to its finar	iciai statements	that describes these items
b	If the organization elected, as permitted und	der SFAS 116 (ASC 958), to	report in its rev	enue statement and balance sheet
b	If the organization elected, as permitted und works of art, historical treasures, or other sit	der SFAS 116 (ASC 958), to milar assets held for public e	report in its rev	enue statement and balance sheet
b	If the organization elected, as permitted und works of art, historical treasures, or other single public service, provide the following amounts	der SFAS 116 (ASC 958), to milar assets held for public e unts relating to these items	report in its rev	enue statement and balance sheet
b	If the organization elected, as permitted und works of art, historical treasures, or other sit of public service, provide the following amou (i) Revenues included in Form 990, Part VII	der SFAS 116 (ASC 958), to milar assets held for public e unts relating to these items II, line 1	report in its rev	enue statement and balance sheet
b	If the organization elected, as permitted und works of art, historical treasures, or other sit of public service, provide the following amou (i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X	der SFAS 116 (ASC 958), to milar assets held for public e unts relating to these items II, line 1	report in its rev exhibition, educa	enue statement and balance sheet ation, or research in furtherance
b 2	If the organization elected, as permitted und works of art, historical treasures, or other sit of public service, provide the following amou (i) Revenues included in Form 990, Part VII	der SFAS 116 (ASC 958), to milar assets held for public e unts relating to these items II, line 1 f art, historical treasures, or	report in its reversexhibition, education.	enue statement and balance sheet ation, or research in furtherance

Assets included in Form 990, Part X

b

Part	Organizations Maintaining	Collections of A	rt, Histor	ical Trea	asures, or O	her	Similar Assets	(contin	ued)	
3	Using the organization's acquisition,		er records	, check a	ny of the follow	ving t	hat are a significa	ant		
	use of its collection items (check all the	hat apply)								
а	Public exhibition		d 📙	Loan	or exchange p	rogra	ms			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organizat		nd explain	how they	further the org	ganız	ation's exempt pu	rpose II	า	
5	During the year, did the organization assets to be sold to raise funds rathe							□ Y ₀	es 🗀	No
Part		angements. Con	nplete if th	ne organ						
1a	Is the organization an agent, trustee,				ntributions or o	other	assets not			
	included on Form 990, Part X? .		intermedic			Juici		☐ Ye	, []	No
ь	If "Yes," explain the arrangement in F	Part XIV and compl	ete the foll	owing tab	ole	•		⊔ ''	,,	110
-				- · · · · · · · · · · · · · · ·			A	mount		
С	Beginning balance					10	c			
d	Additions during the year					10				
е	Distributions during the year .					10	9			
f	Ending balance					11	f			0
2a	Did the organization include an amou	int on Form 990. P	art X. line 2	21?		-			s X	No
b	If "Yes," explain the arrangement in F		Q, (, , , , , , , , , , , , , , , , , ,				•	∟, .,	,0 (/\)	110
Part			ation ansv	wered "Y	es" to Form	990.	Part IV. line 10.			
		(a) Current year	(b) Pno		(c) Two years be	i	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance						***	3 ·8 · · ·		
b	Contributions							1.0		} _
c	Net investment earnings, gains,							 ;~~~		- , ,
_	and losses							<u></u>		,
d	Grants or scholarships .							1 ,		-
e	Other expenditures for facilities		<u> </u>					37		
	and programs					l	4 6 8	1		
f	Administrative expenses							1		
g	End of year balance			0		0	, ,			
2	Provide the estimated percentage of	the year end balar	ce held as							
а	Board designated or quasi-endowme	-	%							
b	Permanent endowment	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in the	e possession of the	e organizat	ion that a	ire held and ac	imini	stered for the			
	organization by:								Yes	No
	(i) unrelated organizations .							3a(i)		
	(ii) related organizations .							3a(ii)		
b	If "Yes" to 3a(II), are the related organ		•					3b		
4	Describe in Part XIV the intended use									
Part	VI Land, Buildings, and Equi	pment. See Forr	n 990, Pa	rt X, line	10					
	Description of investment	(a) Cost or o	1		ost or other os (other)		Accumulated depreciation	(d) B	ook valu	e
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		4,008		134			3,874
d	Equipment		0		13,999		2,905		1	1,094
e	Other		0		0		0			0
Total	. Add lines 1a through 1e (Column (d) must equal Form	990, Part	X, columi	n (B), line 10(c	"	<u> </u>		1	<u>4,968</u>

Schedule D (Form 990) 2010

Part VII Investments—Other Securities	s. See Form 990, Part X,	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other	0		
(A)	0	· · ·	
(B)	0		
(C) (D)	0		
(E)	0		
(F)	0		
(G)			·
(H)	0		
(1)	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	The same of the sa	
Part VIII Investments—Program Relate	ed. See Form 990, Part X	., line 13	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)	0		·
(2)	0		
	0		
(4)	0		
(5)	0		
(6)	0		
(7) (8)	0		
(9)	0		
(10)	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0	147 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***
Part IX Other Assets. See Form 990,	Part X, line 15		
	a) Description		(b) Book value
(1)			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0
(7)			0
			0
(10)			0
Total. (Column (b) must equal Form 990, Part X, or	col (B) line 15)	>	0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Amount	*, *,	
(1) Federal income taxes	0	i	
(2)	0	· · · · · · · · · · · · · · · · · · ·	
(3)	0		
(4)	0	<u>√</u>	,
(5)	0	4	j
(6)	0	† '	3
(7)	0	4	
	0	*	,
(9)	0	1	
(10)		1	1
(11) Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0	-	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	0	! <u></u>	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

ABRAHAM'S BLESSING 14-1790920 Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 319.054 2 Total expenses (Form 990, Part IX, column (A), line 25). 2 312,058 3 Excess or (deficit) for the year. Subtract line 2 from line 1. . . 3 6,996 4 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 5 6 Investment expenses 6 7 Prior period adjustments . . . 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 through 8 9 0 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 6,996 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements 319,054 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments. Donated services and use of facilities . 2b Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 319,054 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b. 4b Add lines 4a and 4b . . . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 319,054 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 312,058 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2b b Prior year adjustments Other losses 2c C 2d Other (Describe in Part XIV) e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1 312,058 3 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 XIV.) 4h Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 312.058 Part XIV Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV	90) 2010 Page : Supplemental Information (continued)	_
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		-
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		<u>.</u> .
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ABRAHAM'S BLESSING

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Employer identification number 14-1790920

Form 990 Part Part VI Section B Line 11A The President and Treasurer review the Form 990 prior
to signing
Form 990 Part Part VI Section C Line 19 Documents and policies are available upon written
request received at the Organization's address

Name of the organization	Employer identification number
	14-1790920
•	

Form **4562**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions. ► Attach to y

Depreciation and Amortization

► Attach to your tax return.

Attachment
Sequence No 67

Business or activity to which this form relates Identifying number Name(s) shown on return ABRAHAM'S BLESSING 990 14-1790920 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) . 8,434 3 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 500,000 separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 602 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions Section A 235 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property period in service only-see instructions) 19 a 3-year property **b** 5-year property 7-year property d 10-year property 6,943 15 HY S/L 232 e 15-year property f 20-year property 25 yrs S/L g 25-year property MM 27 5 yrs S/L h Residential rental MM S/L 27 5 yrs property MM S/L i Nonresidential real S/L property Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs b 12-year MM S/L 40 yrs. c 40-year Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 . 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 1.069 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

R. DOUGLAS LEWIS, CPA

REPORT OF INDEPENDENT ACCOUNTANT

To the Board of Trustees of Jezreel International

Attn: Barry Feinman, President

I have audited the accompanying statement of financial position of Abraham's Blessing A/K/A Jezreel International as of December 31, 2010 and the related statement of activities and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the management of Jezreel International. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Jezreel International as of December 31, 2010, and the related statement of activities and changes in its net assets for the year then ended in conformity with accounting principles generally accepted in the United States of America.

R. Douglas Lewis, CPA

May 12, 2011

382 Overlook Lane Duanesburg, NY 12056 518-355-3478