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Form* 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	2010 calend	ar year, or tax year beginning , 2010, and ending			, 20
В	Check if ap	plicable	C Name of organization	D Empl	oyer id	entification number
	Address c	hange	Blessing Ministry to Ukraine, Inc.	76-0545408		
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone n	umber
<u> </u>	Initial retui		P.O. Box 1944		28	1-491-6933
F	Terminate		City or town, state or country, and ZIP + 4	F Grou	ın Exei	motion
┝	Amended Application		Stafford, TX 77497-1944		nber ▶	•
G		ing Method		Check I	▶ □ i	f the organization is not
ı	Websit	e:► www	.blessingministry.org			ach Schedule B
J	Tax-exen	npt status (ch	eck only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527	(Form 9	90, 990)-EZ, or 990-PF)
_	Check ▶		e organization is not a section 509(a)(3) supporting organization and its gross receipts are	normally	not mo	ore than \$50,000. A
	Form 99		n 990 return is not required though Form 990-N (e-postcard) may be required (see instru			
	to file a	return, be su	re to file a complete return			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts (Part II,		
lır	e 25, col	ımn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instruc	ctions	for Part I.)
			the organization used Schedule O to respond to any question in this Part			
	257	-Contributio	ons, gifts, grants, and similar amounts received		1	126,709
	1にかし	Program's	ervice revenue including government fees and contracts		2	·-
ا پ		Membersi	iipuudes and assessments		3	
1	MAY4 3] nvestmen	(income		4	
	5a	Gross amo	the sale of assets other than inventory 5a			
A	F Ab	ttess:-cost	or other basis and sales expenses			
<u>. </u>	ALLE.	Gain or (lo		5c		
	6	Gaming ar	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			- ,
	a	Gross inc	ome from gaming (attach Schedule G if greater than			
9	2	\$15,000)				
	р р	Gross inco	ome from fundraising events (not including \$ of contribution)	ns	1	
= 8	b	from fundi	raising events reported on line 1) (attach Schedule G if the			
2018	[sum of suc	ch gross income and contributions exceeds \$15,000) 6b		<u> </u>	
တ	C	Less: direc	ct expenses from gaming and fundraising events 6c]	
e7	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	1	
Z		line 6c)			6d	
JUN	7a	Gross sale	es of inventory, less returns and allowances			
	b	Less: cost	of goods sold			
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
2	8	Other reve	enue (describe in Schedule O)		8	
<u>(4)</u>	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	9	126,709
	10	Grants and	d similar amounts paid (list in Schedule O)		10	126,463
⊌.	' 11		aid to or for members		11	
	ខ្ល 12	Salaries, o	ther compensation, and employee benefits		12	
9	2 13	Profession	nal fees and other payments to independent contractors		13	
	12 13 14 15		y, rent, utilities, and maintenance		14	
Ĺ	Û 15		ublications, postage, and shipping		15	246
	16	Other exp	enses (describe in Schedule O)		16	
_	17	Total exp	enses. Add lines 10 through 16	▶	17	126,477
1	2 18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	232
7	5 19		s or fund balances at beginning of year (from line 27, column (A)) (must agree			
4	₹		ar figure reported on prior year's return)		19	10634
1	19 19 20 21		nges in net assets or fund balances (explain in Schedule O)		20	
			s or fund balances at end of year. Combine lines 18 through 20	▶	21	10,866
F	or Paper	work Reduc	tion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2010)





Pa	It II Balance Sheets. (see the instructions						
	Check if the organization used Schedule	O to respond to any ques	tion in this	Part II			<u> </u>
				(A) Beg	inning of year	ļ. — —	(B) End of year
22	Cash, savings, and investments				10,634	22	10,866
23	Land and buildings				0	23	0
24	Other assets (describe in Schedule O)				0	24	0
25	Total assets				10,634		10,866
26	Total liabilities (describe in Schedule O)					26	0
27	Net assets or fund balances (line 27 of column	- · ·		_	10,634	27	10,866
Par	t III Statement of Program Service Accomp						Expenses
	Check if the organization used Schedule						uired for section c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose?						nizations and section
	ribe what was achieved in carrying out the organization				er, aescribe		(a)(1) trusts; optional
	ervices provided, the number of persons benefited, and c					for o	thers)
28	Mission House in L'viv, Ukraine under construction t						
	for churches, etc. Number of people to benefit in the	hundreds annually. Supplies	for Living	Word C	hurch in		
	L'viv, Ukraine.						
	(Grants \$ 87,586) If this amount	includes foreign grants, che	eck here .		. ▶ ☑	28a	87,586
29	Foreign Missionary Support in Ukraine, five persons						
	/O						
	(Grants \$ 38,877) If this amount	includes foreign grants, che	eck here .	- : - :	. ▶ ☑	29a	38,877
30	***************************************						
	•						
	/O	:				00-	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign grants, cho				30a	
Ş I		includes foreign grants, che				31a	
32	Total program service expenses (add lines 28a t	hrough 31a)	eck nere .	• •	· • 🗀	32	
		ougo.u,				VZ	
		Employees, List each one ev	en if not co	mnensa	ted (see the	netni	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key				•		•
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques (b) Title and average	tion in this	Part I	(d) Contribution	ns to	(e) Expense
	List of Officers, Directors, Trustees, and Key	O to respond to any ques	stion in this	Part IN	<u>/ </u>	ns to	(e) Expense account and
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address K Blessing	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compen	Part IN	(d) Contributio	ns to	(e) Expense account and
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address k Blessing	O to respond to any ques (b) Title and average hours per week	(c) Compen	Part IN	(d) Contributio	ns to	(e) Expense account and other allowances
Par Mari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address K Blessing	O to respond to any ques (b) Title and average hours per week devoted to position P/D	(c) Compen	Part IV	(d) Contributio	ns to plans 8 nsation	(e) Expense account and other allowances
Mari c/o	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address k Blessing 1414 Maygrove, Sugar Land, TX 77478-2421	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compen	Part IV	(d) Contributio	ns to plans 8 nsation	(e) Expense account and other allowances
Mari c/o Ken	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address K Blessing 1414 Maygrove, Sugar Land, TX 77478-2421 neth Lowrimore	O to respond to any ques (b) Title and average hours per week devoted to position P/D T/D	(c) Compen	s Part IV	(d) Contributio	ns to plans 8 nsation	(e) Expense account and other allowances
Mari c/o Ken 1414 Melv	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address K Blessing 1414 Maygrove, Sugar Land, TX 77478-2421 meth Lowrimore Maygrove, Sugar Land, TX 77478-2421	O to respond to any ques (b) Title and average hours per week devoted to position P/D	(c) Compen	s Part IV	(d) Contributio	ns to plans 8 nsation	(e) Expense account and other allowances
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	and any discount of the second	<u> </u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		\
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		_
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	i		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
700	section 4911 ► ; section 4912 ► ; section 4955 ►			
L				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Kenneth Lowrimore Telephone no. ▶	281-49	1-693	3
	Located at ► 1414 Maygrove, Sugar Land, TX ZIP + 4 ►	77478	-2421	
b	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		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
		-		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1.40
	completed instead of Form 990-EZ	44a	 	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- d	\vdash	✓
	completed instead of Form 990-EZ	AAL	 	
_	•	44b	├—	1
_	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	explanation in Schedule O	1	<u> </u>	ļ
	explanation in Schedule O	44d		<u></u>

orm 99	0-EZ (20	010)							Р	age 4	
									Yes	No	
45	-	related organization a controlled entity of				•		45		√	
а	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," Form 990 and Schedule R may need to be completed instead of										
		990-EZ (see instructions)	n 990 a	na Schedule H may	neea	to be comp	leted instead of	450	ļ	1	
46		ne organization engage, directly or indirect	 ctlv in n	olitical campaign acti	· · ivities	on behalf of	or in apposition	45a	├		
70		indidates for public office? If "Yes," comp						46		1	
Part	VI :	Section 501(c)(3) organizations and	d section		_				ction		
	;	501(c)(3) organizations and section 4 and 52, and complete the tables for I	947(a)(1 lines 50	l) nonexempt chari and 51.	table	trusts must	t answer questic	ns 4	7–49l)	
		Check if the organization used Schedu	le O to	respond to any ques	stion i	n this Part V	<u> </u>	<u> </u>			
									Yes	No	
47		ne organization engage in lobbying activit						47	1—	\	
48		organization a school as described in sec ne organization make any transfers to an					E	48	 	/	
49a b		s," was the related organization a section	-		a orga	anization?.		49a 49b		V	
50		plete this table for the organization's five	•		· · · · · · · · · · · · · · · · · · ·	other than o	fficers, directors.		es an	d kev	
		oyees) who each received more than \$10									
	(a) Na	me and address of each employee paid more than \$100,000		b) Title and average hours per week devoted to position	(c) (Compensation	(d) Contributions to employee benefit plans 8 deferred compensation	ac	Expension Expension (ınd	
None											
								<u> </u>			
								ļ			
			_{					 			
											
_			_		 			┼──			
								 			
f		number of other employees paid over \$1		▶							
51		plete this table for the organization's fiven ,000 of compensation from the organizat				ent contracto	ors who each rec	eived	more	thar	
		(a) Name and address of each independent contract				(b) Typ	e of service	(c) Co	mpensa	ation	
None											
			<u> </u>								
						Ì					
	· ·										
						<u></u>					
d		number of other independent contractor		•		.▶	None				
52		he organization complete Schedule A? No xempt charitable trusts must attach a con			nizati	ons and 494		Ye	s 🗀 I	No	
Under p	enalties rrect, an	of penjury, I declare that I have examined this return, d complete Declaration of preparer (other than offici	i, including er) is base	accompanying schedules and on all information of which	and sta h prepa	tements, and to arer has any kno	the best of my knowled	dge ar	nd belief	, it is	
Sia-		Mah Be-					Mary 15	, 2	0//		
Sign Here		Signature of officer				1	Date /				
		Mark Blessing, Rresident									
		Type or print name and title	nnararia s			Date		DTIN			
Paid		Print/Type preparer's name	eparer's si	griature		Date	Check [] if self-employed	PTIN			

Preparer

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047
2010

Employer identification number

Open to Public Inspection

Bles	sing Ministry to Uk	raine, Inc.							76-054	5408
Par	t I Reason 1	or Public Cha	r ity Status (All orga	nizations	must c	omplete	this par	t.) See ir	structio	ns.
The o	organization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)	^	
1	☐ A church, cor	vention of churc	hes, or association of	churches	describe	ed in sect	ion 170(l	b)(1)(A)(i)		
2	☐ A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)					
3 4	☐ A medical res		spital service organiza on operated in conjunc						(b)(1)(A)(i	iii). Enter the
5	☐ An organizati	-	the benefit of a collect	ge or univ	ersity ov	vned or o	perated	by a gov	ernmenta	al unit described in
6 7	☐ A federal, state ✓ An organizati	te, or local governon that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of i					it or from	the general public
8			n section 170(b)(1)(A)		nplete Pa	rt II.)				
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt function income and unrelater June 30, 1975. See	an 331/3% ions—sub ated bus	of its su oject to d iness tax	pport fro ertain ex able inc	ceptions ome (les	, and (2) s sectior	no more	than 331/3% of its
10	☐ An organizati	on organized and	l operated exclusively	to test fo	r public s	afety. Se	e sectio i	n 509(a)(4	4).	
11	purposes of	one or more put	nd operated exclusive blicly supported organ describes the type of	nizations of supporting	described g organiz	d in secti cation and	on 509(a d comple)(1) or se te lines 1	ction 509	9(a)(2). See section
e	a ☐ Type By checking other than fo or section 50	this box, I certify undation manage	Type II c that the organization ers and other than one	Typ is not core or more	ntrolled d	irectly or	indirectly	by one	or more o	J Type III-Other disqualified persons in section 509(a)(1)
f	If the organia	zation received a	a written determinatio	on from t	he IRS t	hat it is	a Type	I, Type I	I, or Typ	e III supporting
g		t 17, 2006, has t	he organization accep	oted any	gift or co	ontributio	n from a	ny of the		
			indirectly controls, eitlody of the supported							Yes No
	(ii) A family r	nember of a pers	on described in (i) abo	ve?						11g(ii)
			a person described in							11g(iii)
<u>_</u>	n Provide the f	ollowing informat	ion about the support	ed organi	zation(s).	r		,		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify szation in of your port?	(vi) Is the organization in col. support (i) organized in the US?		(vii) Amount of support
			(coc mocrosome)	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)						:				
(D)										
(E)										
Tota	al									

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.)

Section	on A. Public Support					· · · · · · · · · · · · · · · · · · ·		
Calen	dar 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.")	62,296	102,748	84,831	88,969	126,709	465,553	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	o	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	0	o	0	0	0	
4	Total. Add lines 1 through 3	62,296	102,748	84,831	88,969	126,709	465,553	
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)				<u>.</u>		7.289	
6	Public support. Subtract line 5 from line 4.						458,264	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	62,296	102,748	84,831	88,969	126,709	465,553	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	O	0	0	0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
11	Total support. Add lines 7 through 10						465,553	
12	Gross receipts from related activities, etc.					12	0	
13	First five years. If the Form 990 is for the organization, check this box and stop here	_			_			
Sooti	on C. Computation of Public Suppor			· · · · · ·	· · · · · ·	<u> </u>	<u> </u>	
14	Public support percentage for 2010 (line 6			1 column (ft)		14	99 %	
15	Public support percentage from 2009 Sch					15	99 %	
16a	331/3% support test—2010. If the organization							
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			. ▶ 🛛	
b	331/3% support test—2009. If the organ check this box and stop here. The organ					15 is 33¹⁄3% 	or more,	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" te:	ances" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization of the control of the c	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check the organization	nis box and st on qualifies as a	op here. a publicly	
18	Private foundation. If the organization di instructions							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

76-0545408

Department of the Treasury Internal Revenue Service Name of the organization

Blessing Ministry to Ukraine, Inc.

► Attach to Form 990 or 990-EZ.

Aid in construction of Mission House in western Ukraine through Living Word Church in L'viv, Ukraine. This mission house will provide
facilities for youth and children's camps, church conferences, etc. People benefitting will number in the hundreds per year. Support for
supplies for church; total people benefitting - 50. Total Given - \$ 87.586
Foreign missionary support in Ukraine, five persons supported for living in Ukraine. Total Given - \$ 38,877
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