bergankov

2022 Form 990 Exempt Organization Return

Prepared For:

Blessman International, Inc.



EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public Inspection

Form 990 (2022)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	e 2022 calendar year, or tax year beginning	and	ending		
В	Check is applicat	C Name of organization		· · · · · · · · · · · · · · · · · · ·	D Employer identifi	cation number
Γ_	Addr	BLESSMAN INTERNATIONAL	TNC			
F	Nam- chan	Doing business as	7 1110.		42-15237	57
=	initia retur	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite		
	Final	2557 106mu cm	nivered to street address;	noon/suite	E Telephone numbe	r 3-5920
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	2,374,997.
	Amer	ded URBANDALE, IA 50322			H(a) is this a group re	
	Appli		F OSTRANDER			? Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinates in	
1	Tax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	lf "No," attach a	list. See instructions
	<u>Webs</u>	· · · · · · · · · · · · · · · · · · ·	NAL.ORG		H(c) Group exemptio	
			ssociation Other	L Year	of formation: 2001 N	A State of legal domicile: IA
P	art I	Summary				
ø	1,	Briefly describe the organization's mission or most	significant activities: BLES:	SMAN I	NTERNATIONA)	L, INC.,
Governance		EXISTS TO HELP MEET THE PI				
Ë	2		ntinued it s operations or dispos	sed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body			3	9
න	4	Number of independent voting members of the government	verning body (Part VI, line 1b)		4	8
es	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)		5	7
ΞĘ	6	Total number of volunteers (estimate if necessary)		.,	6	236
Activities &		Total unrelated business revenue from Part VIII, co		• • • • • • • • • • • • • • • • • • • •	7a	0.
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
ē	8				2,690,696.	2,306,929.
enc	9				4,715.	68,068.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			0.	0.
leka	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-20,665.	-22,517.
	12	Total revenue - add lines 8 through 11 (must equal			2,674,746.	2,352,480.
		Grants and similar amounts paid (Part IX, column (1,703,025.	1,824,060.
		Benefits paid to or for members (Part IX, column (A			0.	0.
ès	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		327,838.	300,519.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	10	0.	0.
Ř		Total fundraising expenses (Part IX, column (D), line				(124.17.8)] 1 (124.17.17.17.17.17.17.17.17.17.17.17.17.17.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		211,589.	234,323.
		Total expenses. Add lines 13-17 (must equal Part I)			2,242,452.	2,358,902.
	19	Revenue less expenses. Subtract line 18 from line	12		432,294.	<u>-6,422.</u>
Net Assets or Fund Balances					inning of Current Year	End of Year
Sset	20				1,710,077.	1,567,526.
et A	21	Total liabilities (Part X, Ilne 26)			59,506.	116,386.
	22 rt II	Net assets or fund balances. Subtract line 21 from Signature Block	lne 20		1,650,571.	1,451,140.
			the latest the second s			
		Ities of perjury, I declare that I have examined this return,				knowledge and belief, it is
uue,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	ich preparer i	nas any knowledge.	
ο.		Signature of officer			L	
Sigr		JEFF OSTRANDER, TREASURER	1		Date	
Here	9	Type or print name and title				
			Description	l n	ate Check C	TI DTIN
Paid			Preparer's signature BRENT L. ALEXAND		"	PTIN
Prep		Firm's name BERGANKDV, LTD.	TREAT TO WILLY	, pr. 10	5/31/23 self-employe	
Use		Firm's address 12100 MEREDITH DR,	מוודשבי פרו	·*	Firm's EIN 4	1-1431613
- J G	C III y	URBANDALE, IA 5032			Dh E 1	5 707 E700
May	tha IE	S discuss this return with the preparer shown above	· · · · · · · · · · · · · · · · · · ·		I Prione no. 3 1	5-727-5700

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Page 3 Part IV. Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 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 X 3 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 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х <u>1</u>1f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 1<u>4a</u> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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 Х 17 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 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 232003 12-13-22

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Form 990 (2022)

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Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		ľ	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27	4442	X
20	instructions for applicable filing thresholds, conditions, and exceptions):		建建	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	1786.301		
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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	٠.	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. :		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	:	<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00 -	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X_
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		-22
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	Check if Schedule O contains a response or note to any line in this Part V		,	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		遊戲	
	(gambling) winnings to prize winners?	1c	X	
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BLESSMAN INTERNATIONAL, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		graan alkan		
	filed for the calendar year ending with or within the year covered by this return	2a 7			
b	,	ns?	2b	X	
3a			3a		_X
b	in the termine any provide an explanation on conceans	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	Constitution in	X
b	If "Yes," enter the name of the foreign country	<u> </u>			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	•	1200	ALE:	
5a	,,		5a	.,.	<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ction?	5b		X
C-	,		<u>5c</u>		
6a	, , , , , , , , , , , , , , , , , , ,	-			37
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.	lana av alft-	_6a_		<u> </u>
D	· · · · · · · · · · · · · · · · · · ·	•			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b	- Salar	arte será
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	adaga prouddad to the news		Sales.	v
b	If IIVan II alial the appropriation with the above of the value of the section of		7a		_ <u>X</u> _
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	7b		
Ū	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10 300		() 医黄疸
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		GEAS	100 m	表验验
	sponsoring organization have excess business holdings at any time during the year?	,	8	STATES OF	3438,85409
9	Sponsoring organizations maintaining donor advised funds.			標準	76.7
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	THE MUSEL	HWARARATICAL
b	Did the approxing examination make a distribution to a denote denote advisor, or related name of		9b		
10	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:		1500		
а	Gross income from members or shareholders	11a		447	
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	1 2.	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1137	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ALE:	ALC:	
а			13a	Constant of the	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	- 1911		
		13c	480	鐵锅	
			14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15	V05/18/80	X
16	If "Yes," see the instructions and file Form 4720, Schedule N.			BINE	Salar
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	_16	47059748	X
די	If "Yes," complete Form 4720, Schedule O.	ato data =	100	tiller	
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	Q27508	12:03:04:54
	If "Yes," complete Form 6069.		海湖語	抵害药	

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

	to live cay as, or your select, seems and or carried or selection of strainged on confederations.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			<u> </u>
		risenaer.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	ALC:	W.	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2_	<u> X</u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,
	of officers, directors, trustees, or key employees to a management company or other person?	3	-	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X
7a				₹.
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		X
D		7,		₩.
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	TO MANY	X
а			X	NEW YER
a h	Forth annual through the state of the ball of the state o	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
Ð	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	NI.
10a	Did the organization have local chapters, branches, or affillates?	10a	165	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		-2,2
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		(海陽数)	Willer
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	GREET SANKE
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	336	Mr.	3.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		3440	
а	The organization's CEO, Executive Director, or top management official	15a	X	12.8254.000.00
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			77 79 78 19 10 10 10 10 10 10 10 10 10 10 10 10 10 1
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	44.04		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			19897
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEVE TUTTLE - (515) 343-5920			
	2557 106TH ST, URBANDALE, IA 50322			

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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	T					ioan	ed any current officer, d		,
(A) Name and title	1	1		Pos	ری sitior	า		(D)	(E)	(F)
rianie and title	Average hours per	(do	not c	heck	more	than is bot	one	Reportable	Reportable	Estimated
	week	offi	icer a	nd a d	rson Iirecto	or/trus	n an tee)	compensation from	compensation from related	amount of
	(list any	ţō	Ī		Γ	Π		the	organizations	other compensation
	hours for	direc		1	1	-	1	organization	(W-2/1099-MISC/	from the
	related	- Ge - Gr	stee	İ		nsate	İ	(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	E E		1099-NEC)	, , , , , , ,	and related
	below	idual	Etio	ii ii	Key employee	est co	<u>=</u>	*:	-	organizations
	line)	별	Insti	Officer	Key	Highest compensated employee	Former	4.5		
(1) LARRY VANDERPOOL	20.00		l .		Π					
TOP FINANCIAL OFFICER]	١.	Х		İ		23,157.	0.	0.
(2) C. BETH BLESSMAN	30.00	Г								
DIRECTOR		X			l	1		7,200.	0.	5,452.
(3) JAMES L BLESSMAN	40.00									3/132
CHAIRMAN/CEO		x		х		l		0.	0.	0.
(4) FORREST RIDGWAY III	0.50		 		<u> </u>				. 0.	
VICE CHAIRMAN		x		x	١,			0.	0.	0.
(5) JEFF OSTRANDER	0.50	=		=	<u> </u>			. 0.	0.	<u> </u>
TREASURER		x	1	x				0.	0.	0
(6) BARBARA HALVERSON	1.50			23		_		<u> </u>	U •	0.
SECRETARY		x		х				0.	0.	0
(7) DICK MATHSON	0.50		-			 		U •	U •	0.
DIRECTOR	0.30	x						0.	0.	
(8) GARY GOODHALL	0.50			- 1					U •	0.
DIRECTOR STARTING DEC	0.50	х						0.		0
(9) GLENN DESTIGTER	1.50		_					V •		0.
DIRECTOR	1.30	х						0.	^	
(10) SCOTT BLESSMAN	0.50		-	_				U•	0.	0.
DIRECTOR	0.50	х						0.		
(11) STEVE LAPOUR	0.50	_	-	-			_	U •	0.	0.
DIRECTOR THROUGH OCT	0.50	x								
DIRECTOR THROUGH OCT		_		\dashv			_	0.	0.	0.
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L. C. C. C. C. C. C. C. C. C. C. C. C. C.										

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy.	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)		
(A)	(B)			- (0	C)			(D)	(E)		(F)
Name and title	Average	(do	not c	POS heck	itior more	ີ than∘	one	Reportable	Reportable	,	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	on	amount of
	week		Cer ar	10 8 0	rect	or/trus	(ee)	from	from related		other
	(list any hours for	Individual trustee or director						the	organization		compensation
	related	P	g			ated		organization	(W-2/1099-MI		from the
	organizations	ustee	Institutional trustee		ф	Highest compensated employee	ŀ	(W-2/1099-MISC/	1099-NEC))	organization
	below	Ea tr	ional	l	Key employee	E 50 m		1099-NEC)		l	and related
	line)	divid	age of	Officer	y em	ghest	Рогте			ŀ	organizations
		Ē	Ë	5	\$	主品	운				
\$					-				٠		
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Account of the control of the contro									ALTERNATION OF THE PROPERTY OF		
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					<u> </u>		<u> </u>				
										1	
↓											
1b Subtotal								30,357.		0.	5,452.
c Total from continuation sheets to Part VII								0.		0.	0.
d Total (add lines 1b and 1c)								30,357.		0.	5,452.
2 Total number of individuals (including but no									000 of reportable		
compensation from the organization	,					,		:	ooo or roportubit		. 0
compensation from the organization											Yes No
3 Did the organization list any former officer,	director tructo	ر ا م	; 01. 0	mal			اماط	h a a t a a a a a a a a a a a a a a a a	_:	[
									=		
line 1a? If "Yes," complete Schedule J for su		••••	•••••			•••••			***************************************		3 X
4 For any individual listed on line 1a, is the sui								•	_		
and related organizations greater than \$150	,000? <i> f "Yes</i> ,"	cor	nple	te S	che	dule	J fo	or such individual			4 X
5 Did any person listed on line 1a receive or a										,	
rendered to the organization? If "Yes," comp	olete Schedule	J fo	rsu	ch p	erso	on .					_5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con	npensated inde	eper	nden	t co	ntra	ctor	s th	at received more than \$	100,000 of comp	pensati	ion from
the organization. Report compensation for the											
(A)								(B)			(C)
Name and business a	address	NO	NE	<u> </u>			ı	Description of s	ervices	. Cr	ompensation
			-				\neg				
							+				
							-				·
and the second s											
							4				· · · · · · · · · · · · · · · · · · ·
							- 1				
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							-				
2 Total number of independent contractors (in	cludina but not	t lim	ited	to t	hose	e list	ed:	above) who received mo	re than	1803 M	
\$100,000 of compensation from the organiza					0		'	,			
										AND THE PERSON OF THE PERSON O	Earn 000 (222
e '										ŀ	Form 990 (2022)

12120531 136621 02608 000

-2.26.4		14114	Check if Schedule O contains a response	e or note to any li	ne in this Part VIII			
			Chock if Conceded C Contains a reciponed	or mote to day in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Noncash contributions included in lines 1a-1f 1g \$1	232,394. ,074,535. ,026,360.				
00	 	11	Total. Add lines 1a-1f	Business Code	2,300,323.			2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	١.		MICCION MOIDC	611710	68,068.	60 060	Tavagesek, otto fala	
Program Service Revenue	2	a b c d e	MISSION TRIPS	611710	00,000.	68,068.		
P		f	All other program service revenue					
			Total. Add lines 2a-2f		68,068.			Hills Something
	3 4 5		Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond in Royalties	est, and proceeds				
			(i) Real	(ii) Personal		War State	76 Table 2 To Prince 855	Sognotice (B) Transport
	6	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c		The state of the s			
			Net rental income or (loss)		Christian and Street Street Street Street	14.4 年後年後日記録的「特別」等一次日本年記載4.467年日記	THE RESIDENCE THE STREET, MINERALLY SE	(14) \$1.00
Revenue		a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	(ii) Other			BOATS BURNESS STREET	
Other R		а	Net gain or (loss) Gross income from fundraising events (not including \$ 232,394 • of contributions reported on line 1c). See Part IV, line 18	0.				
			Less: direct expenses 8b	THE PROPERTY AND RESIDENCE AND RESIDENCE AND RESIDENCE AND RESIDENCE AND RESIDENCE AND RESIDENCE AND RESIDENCE				angung 2,200.
			Net income or (loss) from fundraising events		-22,517.	Approximation of the second	2.0 (C. C. C. C. C. C. C. C. C. C. C. C. C. C	-22,517.
		а	Gross income from gaming activities. See Part IV, line 19 9a					
i			Less: direct expenses 9b	<u></u>		Harting of the Control		
			Net income or (loss) from gaming activities	·····				
			Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10a				and the second s	
			Net income or (loss) from sales of inventory	-1	and the second of the second o	The state of the second section of the second section is	A STANCE THE STANCE OF STANCE	and the second s
Miscellaneous Revenue	11 :	a b c		Business Code				
Σ			***************************************					
		_	Total Add lines 11a-11d	<u></u>	2,352,480.	68,068.	0	20 517
	12		Total revenue. See instructions		4,334,400	00,000.	0.	<u>-22,517.</u>

Form 990 (2022) BLESSMAN INTERNATIONAL, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments, See Part IV, line 21			is a fibrical for a	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			at exemple the pro-	
3	Grants and other assistance to foreign			1000	
	organizations, foreign governments, and foreign	1 004 060	1 004 060	Part of the Control	
	individuals. See Part IV, lines 15 and 16	1,824,060.	1,824,060.		Control of the Contro
4	Benefits paid to or for members				Paragraphic Commencer
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
O	persons (as defined under section 4958(f)(1)) and			*	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	269,763.	109,150.	79,634.	80,979.
8	Pension plan accruals and contributions (include			70/0040	00,979.
-	section 401(k) and 403(b) employer contributions)	3,822.	1,547.	1,128.	1
9	Other employee benefits	4,888.	1,977.	1,443.	1,147. 1,468.
10	Payroll taxes	22,046.	8,920.	6,508.	6,618.
11	Fees for services (nonemployees):				
а	Management				eviljani i i i i i i i i i i i i i i i i i i
b	Legal				
С	Accounting	31,250.		31,250.	:
d	Lobbying	·			
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees			egita 1 de la compansión de la compansió	
g			V 1		
	column (A), amount, list line 11g expenses on Sch O.)	2,359.	00 100	2,359.	
12	Advertising and promotion	52,934.	22,108.	14,660.	
13	Office expenses	14,565.	5,146.	4,148.	5,271.
14	Information technology				
15	Royalties	29,470.	10,608.	8,370.	10 400
16	Occupancy	46,424.	19,389.	12,857.	10,492. 14.178.
17	Travel	40,424.	19,309.	12,037.	14,1/0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		A CONTRACTOR OF THE CONTRACTOR		
21	Payments to affiliates	:			
22	Depreciation, depletion, and amortization	5,298.	1,792.	1,519.	1,987.
23	Insurance	12,165.	4,116.	3,487.	4,562.
24	Other expenses, Itemize expenses not covered	and the second			
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),		alkarı gözünedi ile ileşi	tin kan dan dan dan dalam	a make a section
	amount, list line 24e expenses on Schedule 0.)		() () () () () () () () () () () () () (
. a	EVENT EXPENSES	27,920.			27,920.
b	BANK SERVICE FEES	5,833.	2,437.	1,614.	1,782.
c	DUES AND LICENSES	5,723.	2,390.	1,585.	1,748.
q	EDUCATION AND TRAINING	173.	72.	48.	53.
	All other expenses	209.	71.	60.	78.
25	Total functional expenses. Add lines 1 through 24e	2,358,902.	2,013,783.	170,670.	174,449.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here (following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				[

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			459,483.	1	413,221.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	50,000.
	4				4	1,095.	
	5	Loans and other receivables from any current or				4002	
Ì		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these persons				5	Description of the second seco
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	a contrata de la companya del companya de la companya del companya de la companya del la companya de la company	6	Lan a large tribestra della se esta esta esta esta esta esta esta		
s l	7	Notes and loans receivable, net			,	7	
Assets	8	Inventories for sale or use			15,000.	8	30,000.
\ \ \	9	Book and the second state of the second state			23,443.	9	48,054.
ļ	10a	Land, buildings, and equipment: cost or other				No.	
		basis. Complete Part VI of Schedule D	10a	87,326.	7/16 24/4		
	b	Less: accumulated depreciation		63,413.	29,211.	10c	23,913.
	11	Investments - publicly traded securities				11	20/0201
	12	Investments - other securities. See Part IV, line 1	11	***************************************		12	
ı	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,182,940.	15	1,001,243.		
	16	Total assets, Add lines 1 through 15 (must equ	1,710,077.	16	1,567,526.		
	17	Accounts payable and accrued expenses	45,369.	17	41,339.		
	18	Grants payable		18	127005.		
	19	Deferred revenue	14,137.	19	63,735.		
ļ	20	Tax-exempt bond liabilities				20	<u> </u>
- 1	21	Escrow or custodial account liability. Complete i				21	
	22	Loans and other payables to any current or form		***************************************		100/52	
ţį		trustee, key employee, creator or founder, subst				SALE.	
Liabilities		controlled entity or family member of any of thes	54		TO SALIS AND ALL CONTRACTOR OF THE SALIS AND AND AND AND AND AND AND AND AND AND	22	THE STATE OF THE S
Ë	23	Secured mortgages and notes payable to unrela		***************************************		23	
- 1		Unsecured notes and loans payable to unrelated				24	
- 1	25	Other liabilities (including federal income tax, par					:
		parties, and other liabilities not included on lines					"
		of Schedule D		•	0.	25	11,312.
	26	Total liabilities. Add lines 17 through 25			59,506.	26	116,386.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
a l					1,384,042.	27	1,068,659.
Bal		Net assets with donor restrictions			266,529.	28	382,481.
뒫		Organizations that do not follow FASB ASC 9					do torre a Militario e e
Ī		and complete lines 29 through 33.	-,				
<u>p</u>		Capital stock or trust principal, or current funds				29	A CONTRACTOR OF THE PROPERTY O
ets		Paid-in or capital surplus, or land, building, or eq		30			
8		Retained earnings, endowment, accumulated inc		31			
< 1				<u> </u>			
	32	Total net assets or fund balances			1,650,571.	32	1,451,140.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

232012 12-13-22

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2022
Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Employer identification number

-		임교	SMAN INTER	NATIONAL, IN				. 4	2-1523757						
	art l	Reason for Public	Charity Status.	(All organizations must	complete t	his part.) S	ee instructions								
The	orgar	ization is not a private found	dation because it is: (For lines 1 through 12, o	check only	one box.)									
1		A church, convention of ch	nurches, or association	on of churches described	d in section	on 170(b)(1)(A)(i).								
2		A school described in sec					, , , , , , , , , , , , , , , , , , ,								
3		A hospital or a cooperative		•)(b)(1)(Δ)(ii	ii\								
4	一	A medical research organiz						iii) Enter	the hospital's name						
·	LI	city, and state:	action operated in so	njanotion min a noopita	1 400011500	in scould	// // // // // // // // // // // // //	my. Ento	the nospital s name,						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
J	اـــــــا														
_		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
6	37														
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in														
		section 170(b)(1)(A)(vi). (C													
8		A community trust describe													
9	لِـــا	An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	ınction with a la	and-grant	college						
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	ne college	or						
		university:													
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from						
		activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment						
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the orga	nization a	fter June 30, 1975.						
		See section 509(a)(2). (Co							,						
11		An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).								
12		An organization organized						y out the	purposes of one or						
		more publicly supported or													
		lines 12a through 12d that													
а		Type I. A supporting orga						_	alvina						
		the supported organization													
		organization. You must o			· majority c	in the direct	NOTE OF LIGITORS	01 1110 30	ipporting						
b		Type II. A supporting org			tion with it	e eunnorto	d organization	'al buba	dna						
	L	control or management of		· ·					=						
					ame perso	iis iiiai coi	ntroi or manage	the supp	ortea						
_		organization(s). You mus			lm =======	علقان عادانا			1. 101						
С	L	Type III functionally inte						Integrate	d with,						
	_	its supported organization													
d	L	Type III non-functionally													
		that is not functionally int					•	ın attentiv	reness						
		requirement (see instruct													
е	L	Check this box if the orga					Type I, Type II,	Type III							
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.									
f		r the number of supported o		•••••											
g		ide the following information			1 /// 10 // 00 000	alastica lielad		<u>.</u>							
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	ng document?	(v) Amount of n	•	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)						
		· · · · · · · · · · · · · · · · · · ·													
			nowasy new policy will be the	erigiotyrosianolite, en vo degrega.	Vijikara i Alema	945748649.8055	**************************************								

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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						1.,
	membership fees received. (Do not						
	include any "unusual grants.")	1659440.	1655797.	2094827.	2690696.	2306929.	10407689.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					ĺ	
	or expended on its behalf		·				
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge					14.5	
4	Total. Add lines 1 through 3	1659440.	1655797.	2094827.	2690696.	2306929.	10407689.
5	The portion of total contributions					e Logie withing	
	by each person (other than a						
	governmental unit or publicly					i i i i i i i i i i i i i i i i i i i	
	supported organization) included					Assistant and a	
	on line 1 that exceeds 2% of the			1.0		to failer faire i	
	amount shown on line 11,		A CONTRACTOR OF THE PARTY OF TH			1.00	
	column (f)			- 16 - 17			2055011.
	Public support, Subtract line 5 from line 4.		10 St. 1 St.		State of the	I Washington	8352678.
	tion B. Total Support				:		1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1659440.	1655797.	2094827.	2690696.	2306929.	10407689.
8	Gross income from interest,		1 -			·	
	dividends, payments received on						
	securities loans, rents, royalties,	,					7 Tr. 1 194
	and income from similar sources						
9	Net income from unrelated business		+				* 4 4
	activities, whether or not the			*			
	business is regularly carried on						
10	Other Income. Do not include gain				:		
	or loss from the sale of capital						
	assets (Explain in Part VI.)		The both to Vision	file and new places of the		Section and the second	10407600
	Total support. Add lines 7 through 10						10407689.
	Gross receipts from related activities,					12	96,177.
13	First 5 years. If the Form 990 is for thorganization, check this box and stor	_				,	
Sec	tion C. Computation of Publi		centage		***************************************		
-	Public support percentage for 2022 (i			olumn (fl)		14	80.25 %
	Public support percentage from 2021					15	
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances test	- 2022. If the oras	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						-
	organization meets the facts-and-circu						
	Private foundation. If the organizatio						
							(Form 990) 2022

Schedule A (Form 990) 2022 BLESSMAN INTERNATIONAL, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					ļ	
	include any "unusual grants.")						
2							
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		,				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						· · · · · · · · · · · · · · · · · · ·
	are not an unrelated trade or bus-						
	iness under section 513				:		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge				, i		
8	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons				i		
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	ļ ·					:
_	amount on line 13 for the year						
	Add lines 7a and 7b	ACCIONAL ACCIONAL	N S N	once estave materials	eranistas ar atamaras	Market St. St., Steel St.	<u> </u>
	Public support. (Subtract line 7c from line 6.)					and the second section of the second	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(=) 0000	(al) 000d	(-).0000	(A) = ()
		(a) 2016	(0) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			****			
100	dividends, payments received on	}					
	securities loans, rents, royalties,						
L	and income from similar sources						
I.	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				·		
	***************************************				·		**************************************
	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·					
11	Net income from unrelated business activities not included on line 10b,					-	
	whether or not the business is			•			
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u></u>			
14	First 5 years. If the Form 990 is for the	ıe organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here		<u></u>				
	tion C. Computation of Publi					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2022 (li		•	olumn (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 $1/3\%$ support tests - 2022. If the						
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualifi	es as a publicly su	pported organiza	tlon	
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organizatio						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Dld the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked box 12a or 12b In Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	2	23.53	98157
	3a		1
	3b		
	3c -		
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	5b	Mark Charles	350000000
	5c		
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	9c	Compa	CANCEL AND
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	10a	14,531,4	
	10h		

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	wil.Z		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
500	detail in Part VI. Stion B. Type I Supporting Organizations	11c		<u> </u>
360	Cuon B. Type I Supporting Organizations		Г	1
1	Did the governing body, members of the governing body officers esting in their efficient and the state of the governing body.	23888	Yes	No
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	1000		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	3.54 (2.77)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1,400		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Jan Star and
2	Did the organization operate for the benefit of any supported organization other than the supported	100		39.65
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1210.2
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	AT:(中華/人可能 1.5	in ategra
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	10年7月16日 末年7月2日	616,50 613,55 75	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	59 (510)		
	or management of the supporting organization was vested in the same persons that controlled or managed	1914.002	78.24 10.24	
800	the supported organization(s). tion D. All Type III Supporting Organizations	1 1	-	<u> </u>
	Lion b. All Type in Supporting Organizations			Γ
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	706 Jko		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	MARKAN.	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	77.5	· 使数据:	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-metromotics	ARTHURSDAYS S
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		773.74 4132.5	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		A STATE OF	
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)-		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in			
2	Activities Test. Answer lines 2a and 2b below.	struction		NI.
~ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	The services	Yes	No
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	orality.	Paradores
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	17 87 N. H.		ATTENTA
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	776.1.	14 17.04.
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		20010	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nnizations _{(continu}		Z-15Z5/5/ Page 7
	ion D - Distributions		COntaine	<i>100)</i>	Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	1.
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	1.		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	 	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	18	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		The state of the s	FLAK. Kong Kala	-
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022	Security of Control of Control		eratover Million	
а	From 2017		paralenterior de l'approprie		
b	From 2018		- The transfer of the property of	e e San	
С	From 2019			1. T. S. S. S. S.	Table 1- Alternation
d	From 2020	20 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg -		36.	and the second
e	From 2021	Contract Con		en Indian Venical	A CONTRACTOR OF THE STATE OF TH
f	Total of lines 3a through 3e				30 (1)-41-21-47-18-31-31-31-31-31-31-31-31-31-31-31-31-31-
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				The Late of the Control of the Contr
ı	Carryover from 2017 not applied (see instructions)			10 p. 1	
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		7,000 (0.00)	I VIVA	
4	Distributions for 2022 from Section D,	19 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		198. SA	Part of the second seco
	line 7: \$				
a	Applied to underdistributions of prior years			E-10140 AC	
	Applied to 2022 distributable amount		And the galactic state of the s	30339	1. See a file of the contract
	Remainder, Subtract lines 4a and 4b from line 4.	The second secon	State State Commence		
5	Remaining underdistributions for years prior to 2022, if			_51096171517	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				and the second s
6	Remaining underdistributions for 2022. Subtract lines 3h		1000		and the second control of the contro
-	and 4b from line 1. For result greater than zero, explain in		and a first section of the section o		
	Part VI. See instructions.		an and the		
7	Excess distributions carryover to 2023. Add lines 3j	20 - 2 - 100 - 20 - 20 - 20 - 20 - 20 -			
•	and 4c.		Military (1995) (1995) (1995) (1995) (1995)		
8	Breakdown of line 7:		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A CONTRACT OF THE PART OF THE
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020		The second secon		
	Excess from 2021	The second second second		And the	
	Excess from 2022			AND THE	
U	LACCOS ITOHI CULL	and the contract of the contra		Say Tiek	

Schedule A (Form 990) 2022

	(Form 990) (2022)		Page ·
Name of org	anization		Employer Identification number
BLESSM	AN INTERNATIONAL, INC.		42-1523757
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, city and uplicate copies of Part III if additional si	through (e) and the following line entry. For naritable, etc., contributions of \$1,000 or less	s 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	. 1		
-			
-	·	(e) Transfer of gift	
		(e) Hansier of gift	And the second second
<u> </u>	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
] -			
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	all are the second of the seco		
		(e) Transfer of gift	
ĺ	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
[-			
-			
(a) N			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
-	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

BLESSMAN INTERNATIONAL

Employer identification number 12-1522757

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	rt II. Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	' 	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		
d			
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	terrange and the second		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ation easements during the year
		• , , ,	
8	Does each conservation easement reported on line 2(d) above	· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Dö	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art Historical Transcruss or O	Heart Circillan Acasta
Га	Complete if the organization answered "Yes" on Forms		mer Similar Assets.
та	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		•
	service, provide in Part XIII the text of the footnote to its finance	The second secon	
ь	If the organization elected, as permitted under FASB ASC 958	·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		_
_			
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under FASB AS	_	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<u></u> \$

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

		N INTERNAT					42-15	23757	7 Page 2
Pa	rt III Organizations Maintaining C							S (contin	nued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following tha	t make s	ignifica	int use of its		
	collection items (check all that apply):	. •							
а	Public exhibition	d		hange progr	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co							XIII.	
5	During the year, did the organization solicit of							_	
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's co	llection?			L	Yes	No
на	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered	"Yes" on	Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	is the organization an agent, trustee, custod		-					<u></u>	
	on Form 990, Part X?		• • • • • • • • • • • • • • • • • • • •					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
С	Beginning balance						С		
d	Additions during the year						<u>d</u>		
е	Distributions during the year					. 1	e		
f	Ending balance			••••••			<u> f </u>		
2 a	Did the organization include an amount on F					lity?	L	Yes	L No
b Da	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on	Part XIII				
Fd	T V Endowment Funds. Complete							T	
		(a) Current year	(b) Prior year	(c) Two yea		(d) Inr	ee years back	 	years back
	Beginning of year balance	96,619.	86,411.		0,812.		59,568.	ļ	44,699.
b	Contributions	45 564	40.000	 	5,000.			<u> </u>	20,000.
C	Net investment earnings, gains, and losses	-15,764.	10,208.	1	0,599.		11,244.		-5,131.
d				<u> </u>			· · · · · · · · · · · · · · · · · · ·		:
е	Other expenditures for facilities								
	and programs						1 2 2 1		
f	Administrative expenses	00.055	25,510						
g	End of year balance	80,855.	96,619.		6,411.		70,812.	<u> </u>	59,568.
2	Provide the estimated percentage of the curr	ent year end balance) held as:				• 1	
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 78.9500	%	:						
C	Term endowment 21.0500			-					
_	The percentages on lines 2a, 2b, and 2c show	•							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	nd administer	red for th	ne			
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations			• • • • • • • • • • • • • • • • • • • •				3a(ii)	X
	If "Yes" on line 3a(ii), are the related organizar			***************************************	•••••••			3b	
Dar	Describe in Part XIII the intended uses of the		ment funds.						
I Q			Doubly line dde O	F 000	D-ut V	: !! d 0			
	Complete if the organization answered								
	Description of property	(a) Cost or ot		or other		ccumu	1	(d) Book	c value
		basis (investm	ent) basis ((otner)	de	preclat	ion	· :	· .
	Land			·	8800	KWIN.			
	Buildings			2 004		2.0	001		
	Leasehold improvements			3,894.		32,	081.	21	813.
	Equipment		3	3,432.		3 ⊥,	332.		2,100.
	Other								0.1.5
otal	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	'. column (B), line 10	2c.)			F	23	3.913.

232052 09-01-22

Schedule D (Form 990) 2022 BLESSMAN IN:	TERNATIONAL,	INC. 42	-1523757 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) (B)			
(C)			
(D)			
(E)			W
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		"我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人	
Part IX Other Assets.	5 000 D . W. W		
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
	escription	11	(b) Book value
	MUNITY TRUST	<u> </u>	989,931.
(2) RIGHT OF USE ASSETS			11,312.
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,001,243.
Part X Other Liabilities.	10.)		1 1,001,243.
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) RIGHT OF USE LIABILITIES	······································		11,312.
(3)			12,014.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (h) must equal Form 000, Part V, and (P) line ()E \		11 312

232053 09-01-22

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

232054 09-01-22

Schedule D (Form 990) 2022 BLESSMAN INTERNA	TIONAL, I	NC.	42-1523757	Page 5
Schedule D (Form 990) 2022 BLESSMAN INTERNA Part XIII Supplemental Information (continued)				
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identifi	cation number
BLESSMAN INTERN	ATIONAL,	INC.		;	42-152375	7
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	es" on
Form 990, Part IV				· .		
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance?	Yes X No
				•		·
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and otl	ner assistance outsi	de the
United States.				-		
			an be duplicated if additional space is r		:	
(a) Region	(b) Number of offices	(c) Number of employees.			vity listed in (d)	(f) Total expenditures
	in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
	l a.o.og.o	employees, agents, and independent contractors	recipients located in the region)		(s) in the region	investments
SUB-SAHARAN AFRICA -		in the region	FEEDING AND HOUSING OF			in the region
ANGOLA, BENIN,			ORPHANS, COORDINATION OF	COORDINATES	MDIDG AND	·
BOTSWANA, BURKINA			MEDICAL/CONSTRUCTION	MANAGES MIN		
FASO,	0	2	MISSION TRIPS	OPERATIONS	ISIKI	1,824,060.
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3 a Subtotal	0	2		14.76 PM 1-71.		1,824,060.
b Total from continuation	0	0				
sheets to Part I c Totals (add lines 3a	0	V,	1. 14. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	age of the second		0.
c Totals (add lines sa	٥	າ		000 1 73 (00)		1 004 000

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

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN					MEALS INCLUDING	
		AFRICA - ANGOLA,					TRANSPORTATION	
		BENIN, BOTSWANA,					FROM UNITED	
		BURKINA FASO,	FEED/HOUSE	812,700.	WIRE TRANSFER	1026360.	1026360. STATES TO SOUTH	COMPARABLE SALES
							į	
					2000			
	A							
alleria de la company								
 Enter total number of recipient organizations listed al exempt 501(c)(3) organization by the IRS, or for whic Enter total number of other organizations or entities 	recipient organization nization by the IRS, oother organizations or	s listed above that are re refor which the grantee centities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	oreign country, re on 501(c)(3) equi	cognized as a tax valency letter	▼ ▼		Н
ı	5 5 gaz ox 5 5	0.4400	***************************************					

SEE PART V FOR COLUMN (H) DESCRIPTIONS

Page 3

Schedule F (Form 990) 2022 BLESSMAN INTERNATIONAL, INC. 42-1523757

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

_	_			_		
						(a) Type of grant or assistance (b) Region
						(b) Region
						(c) Number of recipients
						(d) Amount of cash grant
						(e) Manner of cash disbursement
						(f) Amount of noncash assistance
						(g) Description of noncash assistance
						(h) Method of valuation (book, FMV, appraisal, other)

	lle F (Form 990) 2022 BLESSMAN INTERNATIONAL, INC.	42-1523757	Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go ·	Attach to Form 990 to www.irs.gov/Form990 for instru				n.	Open to Public Inspection
Name of the organization	'n						lentification number
	BLESSMA	N INTERNATIONAL, I	NC.			42-152	
Part Fundrais		Complete if the organization answ		es" or	n Form 990, Part IV,		
		sed funds through any of the followir	na activ	itios	Check all that apply		
a Mail solicitat					overnment grants		
	email solicitations			_	nment grants		
					·		
= =		g Specia	tunara	aising	events		
		or oral agreement with any individual	•	-			
		Part VII) or entity in connection with p				Ye	
*		viduals or entities (fundraisers) pursu	ant to	agree	ments under which ti	ne fundraiser is to l	Эе
compensated at le	ast \$5,000 by the	organization.					
		·	(iii)	Did		(v) Amount paid	
(i) Name and addres		(ii) Activity	fund	Did raiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	Iraiser)	(, , ,)	or cor	ntrol of utlons?	from activity	fundraiser listed in col. (i)	organization
		·	ļ			110100 111 001. (1)	
			Yes	No]		
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or licensing.	cn the organizatio	n is registered or licensed to solicit o	ontribi	utions	or has been notified	it is exempt from r	egistration
							17.10
						· · · · · · · · · · · · · · · · · · ·	

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

P	art	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.	e organization answered oss income on Form 990	l "Yes" on Form 990, Par -EZ, lines 1 and 6b. List e	t IV, line 18, or reported events with gross receip	more than \$15,000 ts greater than \$5,000.
			(a) Event #1 SPRING GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	232,394.			232,394.
	2	Less: Contributions	232,394.			232,394.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes	792.			792.
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	11,775.			11,775.
۵	8	Entertainment Other direct expenses	9,950.			9,950.
	ı -	Direct expense summary. Add lines 4 through	9 in column (d)			22,517.
- F		Net income summary. Subtract line 10 from line				-22,517.
Fè	ırt	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	i 990, Part IV, line 19, or i	reported more than	
		Transcer of the state of the st	(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
		Gloss revenue		The state of the s		
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization conduc				
		the organization licensed to conduct gaming ac		states?		Yes No
		ere any of the organization's gaming licenses rev			rear?	. Yes No
2000		1,97_99			0-1-	dulo G (Form 000) 2000

Sch	edule G (Form 990) 2022	BLESSMAN	INTERNATIONAL,	INC.	42-1523757 Page 3
11	Does the organization conduct ga	aming activities with	nonmembers?		Yes No
12	Is the organization a grantor, ben-	eficiary or trustee of	a trust, or a member of a pa	rtnership or other entity formed	
	to administer charitable gaming?	***************************************	***************************************	•••••	Yes No
13	Indicate the percentage of gamin	g activity conducted	I in:		
8	The organization's facility		••••••		<u>13</u> a %
ł	An outside facility		•••••••••••••••		13b %
14	Enter the name and address of th	e person who prepa	ares the organization's gamin	g/special events books and recor	ds:
	Name		WHEN THE RESERVE OF THE PARTY O		
	Addraga				•
	Address				
158	Does the organization have a con	tract with a third par	rty from whom the organizati	on receives gaming revenue?	Yes No
k	If "Yes," enter the amount of gam	ing revenue receive	d by the organization \$	and the ar	nount
	of gaming revenue retained by the	e third party \$ _			
c	If "Yes," enter name and address				
			4		
	Name				
	Address				
16	Gaming manager information:		•		
16	Gaming manager information.				
	Name				i
	Gaming manager compensation	\$			
	Description of services provided			A	
					:
					
	Divertor/officer		In deep condense.	- and on the control of the control	
	Director/officer	Employee	Independent of	contractor	
17	Mandatory distributions:				
	Is the organization required under	state law to make c	haritable distributions from t	he gaming proceeds to	
u					Yes No
b	Enter the amount of distributions r	required under state	law to be distributed to other	er exempt organizations or spent	in the
	organization's own exempt activiti			or openic	
Pa	rt IV Supplemental Infor	mation. Provide tl	ne explanations required by I	Part I, line 2b, columns (lii) and (v)	; and Part III, lines 9, 9b, 10b.
	15b, 15c, 16, and 17b, as	applicable. Also pro	ovide any additional informat	ion. See instructions.	
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	THE CONTRACTOR OF THE CONTRACT				

232083 10-27-22

Schedule G (Form 990)	BLESSMAN	INTERNATIONAL,	INC.	42-1523757	Page 4
Schedule G (Form 990) Part IV Supplemental Infor	rmation _{(continue}	ed)			
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				Schedule G (Fo	orm 990)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open To Public Inspection

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Employer identification number

I	BLESSM	AN	INTERNAT	ION	AL,	INC.				42	-15	237	57				
Part I Excess Bene	efit Trans	actio	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and sec	ction	501(c)(29) orga	nizatio	ns on	ly).					
Complete if the																	
1			(b) Relationship between disqualified									(d) Cor		Corre	cted?		
(a) Name of disqualified p	person		person and or	ganiz	ation		(0) De	scription of tran	sactio	n			es	No		
	Ì																
															7 110111		
										•							
													 				
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2 Enter the amount of tax i	ncurred by	the or	rganization man	agers	or disc	nualified pe	rsons duri	na th	ne vear under								
	-			_				-	•		\$						
3 Enter the amount of tax,	if any, on lir	ne 2, a	above, reimburs	ed by	the or	ganization				•••••	\$						
·	•	•	,	•	•						+						
Part II Loans to and	/or From	Inte	erested Pers	ons.	· · · · · · · · · · · · · · · · · · ·												
Complete if the c	organization	answ	vered "Yes" on F	orm 9	990-EZ	, Part V, lin	e 38a or F	orm	990, Part IV, lin	e 26: d	or if the	e orga	nizatio	n			
reported an amo									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		5					
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Or	iginal	(f)	Balance due	(g)	In	(h) Ap	proved	n W	ritten		
interested person	with organiz	ation	o f loan		n the Ization?	principal	amount	` '			default?		default?		Approved board or mmittee?		ment?
				То	From	1				Yes	No	Yes		Yes	No		
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Part III Grants or As	sistance	Ben	efiting Intere	stec	l Per	sons.	Ψ			9., 230 NO.	in copyright.	uscettetu.	areas.	78 45	A STORY		
Complete if the o			- .				7.										
(a) Name of interested p		T	b) Relationship I				nount of	T	(d) Type	of	Т	10) Purp	one of	:		
(a) Haille of Milesested p	.0.0011		interested pers				stance		assistan				assista				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Complete if the organization answered						T 7 5 57	
(a) Name of interested person		ship between and the organ		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
DUSTIN BLESSMAN	FAMILY	MEMBER	OF OF	82 396	COMPENSATIO	Yes	No X
BOOLIN BUILDBILL		TILLIDLIK	01 01	02,330+	COMI ENDATIO		2 4 4
Part V Supplemental Information.			Control of the Contro				
Provide additional information for resp	onses to ques	tions on Sche	dule L (see in	structions).			
SCH L, PART IV, BUSINESS T	RANSACT	IONS IN	VOLVING	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: DUSTIN	BLESSM	AN					
(B) RELATIONSHIP BETWEEN I	NTEREST	ED PERS	ON AND	ORGANIZATI	ON:		
DANTIN NEWDED OF OFFICED							
FAMILY MEMBER OF OFFICER			<u></u>				
(C) AMOUNT OF TRANSACTION	\$ 82,39	6.					
(D) DESCRIPTION OF TRANSAC	TTON C	OMDUNCA	MION E		NATE:		
(D) DESCRIPTION OF TRANSAC	IION: C	OMPENSA	TION FO	OR EMPLOYME	IN.T.		
(E) SHARING OF ORGANIZATIO	N REVEN	UES? =	NO			75 j	
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization

BLESSMAN INTERNATIONAL, INC.

Employer identification number 42-1523757

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art · Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods X 15,000. DONATION RECEIPT Cars and other vehicles _____ 6 Boats and planes _____ 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 927,080.COMPARABLE SALES X 12 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 84,280. COMPARABLE SALES TRANSPORTATION) X 12 Other 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes." describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M	l (Form 990) 2022	BLESSMAN	INTERN	ATIONAL	, INC.		42-15237	57 P	age 2
Part II	Supplementa is reporting in Par this part for any a	al Information. F rt I, column (b), the n additional information	Provide the l number of co n.	nformation requality	uired by Part I, lines e number of items re	30b, 32b, and 3 eceived, or a co	33, and whether the o	rganization so complete)
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232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BLESSMAN INTERNATIONAL, INC. Employer identification number 42-1523757

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPIRITUAL NEEDS OF THE PEOPLE OF SOUTH AFRICA, WITH SPECIAL ATTENTION
TO CHILDREN, BY PROVIDING NUTRITIONAL SUPPORT, HOUSING, SKILLS
TRAINING, PASTORAL TRAINING, AND BASIC NECESSITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NECESSITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDICTIONS, MENTAL HEALTH, HURTS, AND HANGUPS. WE CONTINUE TO DRILL
WELLS TO SUPPLY NEEDED DRINKING WATER TO SCHOOLS AND HAVE DRILLED AN
ADDITIONAL 14 WELLS IN 2022, INCLUDING WATER METERS TO RECORD THE
AMOUNT OF WATER SUPPLIED. WE CONTINUE THE CHILD SPONSORSHIP PROGRAM
(ONE CHILD AT A TIME) WHERE SPONSORS FROM THE US CAN SPONSOR A CHILD
FOR \$31/MONTH OR \$372/YEAR TO PROVIDE FOOD, EDUCATION ASSISTANCE, AND
SPIRITUAL FORMATION. CURRENTLY, 90 CHILDREN ARE SPONSORED WITH THE
GOAL TO HAVE 200 CHILDREN SPONSORED BY THE END OF 2023. BLESSMAN HAS A
CONNECTION OF11 FEEDING HUBS THROUGHOUT SOUTH AFRICA, ESWATINI, AND
LESOTHO THAT ALLOWS US TO FEED 60,000 CHILDREN 3-5 MEALS EACH WEEK. WE
ALSO HOST TRAINING TO INSTRUCT CHILDREN AND FAMILIES ON GROWING GARDENS
AT SCHOOLS, HOSPITALS, AND AT THEIR HOMES.
FORM 990, PART VI, SECTION A, LINE 2:
JIM BLESSMAN, BOARD CHAIRMAN AND CEO, AND WIFE, BETH BLESSMAN, BOARD
DIRECTOR. DUSTIN BLESSMAN, SON OF JIM AND BETH BLESSMAN, SERVES AS THE
PRESIDENT OF THE BOARD OF TRUSTEES OF BLESSMAN INTERNATIONAL SOUTH AFRICA.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization Employer identification number BLESSMAN INTERNATIONAL, INC. 42-1523757 ALEX BLESSMAN, DAUGHTER-IN-LAW OF JIM AND BETH BLESSMAN, SERVES AS THE DIRECTOR ON THE BOARD OF TRUSTEES OF BLESSMAN INTERNATIONAL SOUTH AFRICA. ROBERT SEABERG, SON-IN-LAW OF JIM AND BETH BLESSMAN, SERVES AS DIRECTOR OF U.S. OPERATIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE FINANCE DEPARTMENT OF THE ORGANIZATION. COPIES OF THE FINAL FORM 990 ARE EMAILED TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. BOARD MEMBERS ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CONTACT THE PREPARER, OTHER BOARD MEMBERS. AND/OR EXECUTIVE OFFICERS WITH ANY QUESTIONS OR CONCERNS. ANY NECESSARY EDITS ARE MADE AND A FINAL FORM PRESENTED TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL AND AUTHORIZATION TO COMPLETE THE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, DECISION MAKERS (E.G. DIRECTORS, OFFICERS, AND OTHER EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION OR ITS BOARD, OR MAKE COMMITMENTS ON THEIR BEHALF) ARE REQUIRED TO COMPLETE AND SIGN THE ANNUAL CONFLICT OF INTEREST FORM CONFIRMING THAT ALL CONFLICTS AND POTENTIAL CONFLICTS EXISTING DURING THE PRIOR YEAR, OR CURRENTLY EXISTING, HAVE BEEN DISCLOSED. ADDITIONALLY, THE ORGANIZATION REGULARLY MONITORS COMPLIANCE BY CALLING FOR ANY CONFLICTS OF INTEREST AT THE BEGINNING OF EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT AND CEO OF BLESSMAN INTERNATIONAL, INC. CURRENTLY SERVES THE ORGANIZATION WITHOUT COMPENSATION. THE COMPENSATION REVIEW AND APPROVAL 232212 10-28-22

Name of the organization Employer identification number 42-1523757 BLESSMAN INTERNATIONAL, INC. POLICY ADOPTED BY THE BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE OF PERSONS INDEPENDENT OF THE CEO AND KEY EMPLOYEES. COMPENSATION COMMITTEE WILL EVALUATE THE SALARY OF KEY EMPLOYEES, AND THE CEO AT SUCH TIME THE CEO MAY BECOME COMPENSATED. THE COMPENSATION COMMITTEE WILL USE COMPARABLE SALARY DATA FROM OTHER ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. THE COMPENSATION COMMITTEE WILL DOCUMENT THEIR RESEARCH AND DELIBERATIONS AND BRING SALARY RECOMMENDATIONS TO THE BOARD FOR DELIBERATION AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: TO CREATE AN ATMOSPHERE OF TRUST AND TRANSPARENCY WITH THE GENERAL PUBLIC, CERTAIN REPORTING NOT REQUIRED BY THE IRS IS PROVIDED ON OUR WEBSITE FOR PUBLIC INSPECTION INCLUDING, BUT NOT LIMITED TO: 1. FORM 990 ANNUAL REPORT 2. ORGANIZATION'S VISION AND MISSION STATEMENT 3. LIST OF BOARD OF DIRECTORS MEMBERS 4. LIST OF KEY STAFF MEMBERS AND CONTACT INFORMATION 5. CONFLICT OF INTEREST POLICY 6. INTERNET PRIVACY POLICY 7. WHISTLEBLOWER PROTECTION POLICY 8. DONOR BILL OF RIGHTS FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF BENEFICIAL INTEREST -193,009. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

232212 10-28-22