Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2015 calenda	ar year, or tax year beginning 07/01 , 2015, and end	ding	06/30	, 20 16
_	Check if ap	1	C Name of organization	D Emp	loyer ider	tification number
Address change			SHARE THE BLESSING, INC.	l	20-	5855138
	Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep				ohone nun	
님	Initial retu		P.O. BOX 186		717-	381-5440
Ħ	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exem	ption
		on pending	ELIZABETHTOWN, PA 17022	Nun	nber 🕨	
G	Account	ting Method	☐ Cash	H Check	▶ 🗹 if t	the organization is not
1 1	Website	e: ►		required	d to attac	ch Schedule B
<u>J</u> 1	Гах-ехеп	mpt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 52	7 (Form 9	90, 990-	EZ, or 990-PF).
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	of total assets		
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
Ŀ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			
_			the organization used Schedule O to respond to any question in this	Part I	T	<u> </u>
	1		ons, gifts, grants, and similar amounts received		1	49,660
	2		ervice revenue including government fees and contracts		2	
	3		ip dues and assessments		3	
	4	Investmen			4	
	5a		ount from sale of assets other than inventory		-	
	b		or other basis and sales expenses		-	
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) and fundraising events		5c	
4	а		ome from gaming (attach Schedule G if greater than			
Je -		\$15,000)	6a <u>6a</u>]	
Revenue	b		me from fundraising events (not including \$of contri	butions		
8			aising events reported on line 1) (attach Schedule G if the			
~			ch gross income and contributions exceeds \$15,000) 6b		1 1	
<u>}</u> !n?	C		et expenses from gaming and fundraising events 6c		4	
Ð	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd subtract		
-≃ •		line 6c)			6d	
N/11	7a		s of inventory, less returns and allowances		4 Ì	
≓.	b		of goods sold			
<u>)</u>	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
!	8		nue (describe in Schedule O)		9	40.660
-	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	10	49,660 37,397
	11		aid to or for members		11	31,331
ŵ			ther compensation, and employee benefits))	12	" "
Expenses	13	Profession	al fees and other payments to independent contractors		13	
ē	14	Occupanc	y, rent, utilities, and maintenance		14	734
Ä	15	Printing, p	ublications, postage, and shipping	.i	15	7930
	16		enses (describe in Schedule O)		16	24,645
	17		enses. Add lines 10 through 16		17	70,706
S	18		(deficit) for the year (Subtract line 17 from line 9)		18	(21,046)
set	19		or fund balances at beginning of year (from line 27, column (A)) (must	agree with		
AS		end-of-yea	ar figure reported on prior year's return)		19	103,022
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	81,976
Eas	r Danon	one de Dadinal	ion Act Notice and the apparets instructions			Form 990-F7 (2015

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	· · · · · · · · · · · · · · · · · · ·					
Pai	· ·	•				
	Check if the organization used Schedule	Part II		(B) End of year		
22	Cook sovings and investments		<u></u>	. , , ,		
22 23	Cash, savings, and investments		-	103,022	23	81,976
24	Other assets (describe in Schedule O)		· · · · · -		24	
25	Total assets		· · · · -	103,022		81,976
26	Total liabilities (describe in Schedule O)			103,022	26	61,970
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	103,022		81,976
Par					1	01,070
	Check if the organization used Schedule	-				Expenses
What	is the organization's primary exempt purpose?		<u></u>			uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	its three largest or	ooram services		nizations; optional for
	leasured by expenses. In a clear and concise m				othe	rs.)
perso	ons benefited, and other relevant information for ea	ch program title.	<u> </u>			
28	Provide relief to the poor and underprivileged, as we	Il as fostering a sense	of community			
	-^	**************************************				
		,				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🛚	28a	37,397
29					ļ	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u>P L </u>	29a	<u> </u>
30					ļ	
	(Grants \$) If this amount	includes foreign gra	nte check here		30a	
31					000	<u> </u>
٠.	, = ,	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	37,397
Par					nstru	
	Check if the organization used Schedule					<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	(aa) (a)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	- [```	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	
David	l Ober					
	aster, PA	President, 1 hr.				
	n Good				ı	
	aster, PA	Vice President, 1 hr.			+	
	Ritter					
	aster, PA ael Stike	Secretary, 1 hr.			+	
	aster, PA	Treasurer, 1 hr.				
	ael Price	i i casulei, i iii.			+	
York,		Director, 1 hr.				
	Glessner	Director, Tim.		 	\top	
	y Brook, PA	Director, 1 hr.			1	
		•				
			L	l		
					\bot	
		1		•	1	
					- 1	
					\perp	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part v) Check if the organization used Schedule O to respond to any question in this	ran	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	.03	\(\sigma\)
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
000	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	555		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ PENNSYLVANIA			
42a		717-38		0
h	Located at ► P.O. BOX 186 ELIZABETHTOWN, PA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1/	022 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		17
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
4.4			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	ļ	 •
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	↓	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		.]	
45a	explanation in Schedule O	44d 45a	+	1
чэ а b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	734	+	+ *
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

orm 990-	EŽ (20	15)					Page 4
46 [Old th	e organization engage, directly or inc didates for public office? If "Yes," co	directly, in political ca	mpaign activities on Part I	behalf of	or in opposit	Yes No lon
Part V		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only must answer ques	ations 47–49b and	52, and o	complete the	e tables for lines
		ne organization engage in lobbying a		section 501(h) election		at during the	tex 47
48 is 49a is 50 (s the Old th f "Ye: Comp	organization a school as described in the organization make any transfers to s," was the related organization a se- plete this table for the organization's byees) who each received more than	section 170(b)(1)(A)(li an exempt non-char ction 527 organizatio five highest compen)? If "Yes," complete ritable related organi n7 sated employees (ot	Schedule zation? . her than c	officers, direct	48 √ 49a √ 49b
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1089-MISC)	benefit pla	alth benefits, ons to employee ins, and deferred ipensation	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
					 -	_	,
· · · ·	,						
51 (Comp	number of other employees paid over plete this table for the organization! 000 of compensation from the organization	s five highest comp	ensated independen	t contract	tors who eac	h received more than
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(4	o) Compensation
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				-			
*********				-			
52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	ule A? Note: All s		. ►		ch a .▶☑ Yes ☐ No
Under per	naities	of panury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including accompa	nying schedules and state	ments, and t or has any kn	o the best of my lowledge.	knowledge and belief, it la
Sign Here		Signature of officer			5-11-17 Date		
		Michael Stike, Treasurer Type or print name and title	Preparer's signature		Date		T PTIN
Paid Prepa		Print/Type preparer's name	Lisharer a siftustrite			Check self-emp	」∦ ∤∵
Use C	hly	Firm's name >				Phone no.	
May the	IRS	discuss this return with the prepare	r shown above? See	instructions	· · · · ·		► Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization									
SHARE THE BLESSING, INC.					20-585	55138			
Part I Reason for Public	c Charity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.			
The organization is not a private	foundation because it	is: (For lines 1 through	11, chec	k only on	e box.)				
	— · · · · · · · · · · · · · · · · · · ·								
2 A school described in s		•			• •				
3 A hospital or a coopera						=			
hospital's name, city, ai	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5 An organization operat section 170(b)(1)(A)(iv)		college or university	owned o	operate	d by a government	al unit described in			
 6 A federal, state, or loca 7 An organization that no described in section 17 	ormally receives a subs	stantial part of its supp				the general public			
8 A community trust desc		•	Part II.)						
9 An organization that no			-	rom conf	tributions, members	hip fees, and gross			
receipts from activities support from gross in acquired by the organiz	related to its exempt vestment income and ation after June 30, 19	functions—subject to unrelated business f 75. See section 509(a	certain taxable ir a)(2). (Con	exceptior ncome (le nplete Pa	ns, and (2) no more ess section 511 ta: art III.)	than 331/3% of its			
10 An organization organiz	•		-						
11 ☐ An organization organize one or more publicly su the box in lines 11a thro	pported organizations of	described in section 50	09(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check			
a Type I. A supporting the supported organization	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b Type II. A supporting control or manageme	-	ed or controlled in coni ganization vested in th							
c Type III functionally	· ·	ng organization operat				y integrated with,			
d Type III non-function that is not functionally	nally integrated. A sup r integrated. The organ	porting organization o	perated is	n connec	tion with its support on requirement and				
· · · · · · · · · · · · · · · · · · ·	ructions). You must co	•							
e Check this box if the functionally integrated	organization received a d, or Type III non-functi					I, Type III			
f Enter the number of supp	orted organizations .								
g Provide the following info	rmation about the sup	ported organization(s).	<u> </u>						
(i) Name of supported organizatio	n (ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	-9 listed in your governing support (see other suppo			(vi) Amount of other support (see instructions)			
			Yes	No					
A)									
B)			Į						
C)									
D)									
E)									

•	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				:		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				. .	-	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	_					<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	he organizatio	n's first, secor	nd, third, fourtl	h, or fifth tax y	ear as a section	
	organization, check this box and stop he	ere			<u> </u>		🕨 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line					14	%
15	Public support percentage from 2014 Scl					15	%
16a	331/3% support test—2015. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2014. If the organ check this box and stop here. The organ	nization qualifi	es as a publicly	y supported or	ganization		▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	ition meets th	ne "facts-and-c	circumstances'	" test, check t	his box and s	top here a publicly
4.5	supported organization					, , , , , , , , , , , , , , , , , , ,	► L
18	Private foundation. If the organization d instructions	id not check a	a box on line 13	3, 16a, 16b, 17	a, or 1/b, che	CK THIS DOX AND	ısee ► Г

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support		_				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			_			
2	received. (Do not include any "unusual grants.")	68050	87476	64905	63196	49660	333287
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5	68050	87476	64905	63196	49660	333287
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	9500	9590	0	0	0	19090
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			i			
С	Add lines 7a and 7b	9500	9590			-	19090
8	Public support. (Subtract line 7c from						
	line 6.)						314197
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	68050	87476	64905	63196	49660	333287
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		07.470	04005	50405	40000	22207
14	First five years. If the Form 990 is for the	e organization	87476 n's first, secon		63196 or fifth tax v		
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppor				 	 	
15	Public support percentage for 2015 (line			3, column (f))		15	94.27 %
16	Public support percentage from 2014 Sci		•			16	91.59 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2015 (line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	<u>%</u>
18	Investment income percentage from 2014					18	%
19a	331/3% support tests-2015. If the organ						
	17 is not more than 331/3%, check this box	•					
b	331/3% support tests—2014. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗌

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		Employer identification number				
SHARE THE BLESSING, INC.		20-5855138				
· ·						
Part 1, line 10. Grants and Similar Amounts Paid:						
	and for food and alabina ART 007					
Giπ Cards for indigents that are u	sed for food and clothing - \$37,397					
Part 1, line 16-Other Expenses:						
Telethon-WGAL-12/24/15-	\$15,000					
General and Administrative-	\$8,934					
Cradit Card Face	¢744					
Credit Calu Fees-	<u>\$711</u>					
Total Other Expenses-Line 16	\$24,645					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Open to Public Inspection

Name of the organization	Employer identification number
SHARE THE BLESSING, INC.	20-5855138
Form 8868, page 2, for the additional 3-month extension of time is attached. It was received by the IRS	in Ogden, UT on 02/09/2017.
No response to the request was received. I have enclosed a copy of the USPS Tracking.	
I have attached the approval for the automatic	
I have attached the approval for the automatic extension of time-Notice CP211A	

·	
•••••••••••••••••••••••••••••••••••••••	