

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018Open to Public
Inspection**A For the 2018 calendar year, or tax year beginning**

04/01, 2018, and ending

03/31, 2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending
C Name of organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

977 CENTERVILLE TURNPIKE

City or town, state or province, country, and ZIP or foreign postal code

VIRGINIA BEACH, VA 23463

F Name and address of principal officer:

GORDON P. ROBERTSON

977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463

D Employer identification number

54-1382657

E Telephone number

(757) 226-3401

G Gross receipts \$ 116,532,422.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

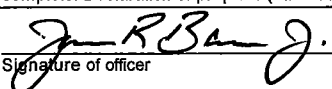
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.OB.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1986 **M** State of legal domicile: VA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO DEMONSTRATE GOD'S LOVE BY ALLEVIATING HUMAN NEED AND SUFFERING WORLDWIDE. OBI CARRIED OUT PROGRAMS AND PROJECTS THAT SERVED MILLIONS OF PEOPLE DURING FY19.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 6.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 124.
	6	Total number of volunteers (estimate if necessary)	6 6,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 276,217,670. Current Year 116,231,440.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,186. 130,723.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,538. 2,871.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	276,331,394. 116,365,034.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	253,101,533. 97,735,236.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,167,044. 8,957,485.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	465,859. 56,106.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,057,791.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,871,291. 9,085,008.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	272,605,727. 115,833,835.
	19	Revenue less expenses. Subtract line 18 from line 12	3,725,667. 531,199.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 31,974,163. End of Year 21,587,236.
	21	Total liabilities (Part X, line 26)	20,750,684. 9,832,558.
	22	Net assets or fund balances. Subtract line 21 from line 20.	11,223,479. 11,754,678.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

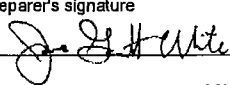
Sign Here ▶  Date 11/4/19

Signature of officer

JAMES R. BARR, JR. VP - CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JG WHITE Preparer's signature  Date 10/31/2019 Check ☐ if self-employed PTIN P01498698

Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207

Firm's address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102 Phone no. 703-286-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

089803.186003.126641.7029 1 AB 0.412 370



OPERATION BLESSING INTERNATIONAL
CBN CENTER
977 CENTERVILLE TPKE
VIRGINIA BCH VA 23463-0001

Notice	CP211A
Tax period	March 31, 2019
Notice date	September 23, 2019
Employer ID number	54-1382657
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

089803.

Important information about your March 31, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
March 31, 2019 Form 990.
Your new due date is February 15, 2020.

What you need to do

File your March 31, 2019 Form 990 by February 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

ALLEVIATE HUMAN NEED AND SUFFERING IN THE UNITED STATES AND AROUND
THE WORLD THROUGH PROGRAMS THAT INCLUDE HUNGER RELIEF, SAFE WATER,
MEDICAL AID, CARE FOR VULNERABLE CHILDREN, LIVELIHOOD OPPORTUNITIES,
AND DISASTER RELIEF.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 62,319,497. including grants of \$ 57,668,721.) (Revenue \$ 2,871.)

INTERNATIONAL RELIEF: DURING FY19, OB HELD MORE THAN 300
INTERNATIONAL MEDICAL BRIGADES THAT PROVIDED FREE MEDICAL CARE
SUCH AS GENERAL MEDICAL AND DENTAL SERVICES. OB ALSO DISTRIBUTED
MEDICINE AND MEDICAL SUPPLIES TO PARTNERS AROUND THE WORLD, WHICH
WENT TO OUTFIT RESOURCE POOR AREAS BENEFITING CHILDREN AND ADULTS
ALIKE. OB PROVIDED LIFE-CHANGING SURGERIES SUCH AS CLEFT LIP AND
PALATE, CATARACT AND MORE TO THOSE IN NEED. FOR MORE DETAILS, SEE
SCHEDULE O.

4b (Code:) (Expenses \$ 43,556,552. including grants of \$ 37,330,573.) (Revenue \$)

OB'S HUNGER STRIKE FORCE: IN THE UNITED STATES, OB'S FLEET OF
HUNGER STRIKE FORCE TRACTOR-TRAILERS TRAVELED APPROXIMATELY 1.4
MILLION MILES AND DISTRIBUTED MORE THAN 40 MILLION POUNDS OF FOOD,
BEVERAGES AND OTHER DONATED PRODUCTS TO FAMILIES IN NEED. BY
WORKING CLOSELY WITH FOOD PROCESSING COMPANIES, GROWERS AND
MANUFACTURERS, OB TAPS INTO AMERICA'S SURPLUS AND ACQUIRES
CORPORATE DONATIONS OF FOOD STAPLES AND RELIEF PRODUCTS,
DELIVERING MUCH-NEEDED FOOD AND RELIEF SUPPLIES TO DISADVANTAGED
FAMILIES AND DISASTER VICTIMS. FOR MORE DETAILS, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 6,355,654. including grants of \$ 2,735,942.) (Revenue \$)

A FIRST RESPONDER IN TIMES OF DISASTER, OPERATION BLESSING'S
DOMESTIC DISASTER RELIEF TEAMS RESPONDED TO 6 U.S. DISASTERS IN
FY19. OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAMS HELPED
COMMUNITIES IN CRISIS BY PROVIDING RELIEF TO TORNADO VICTIMS IN
ALABAMA, FLOODING VICTIMS IN NEBRASKA, AND WILDFIRE VICTIMS IN
CALIFORNIA. OPERATION BLESSING ALSO ASSISTED IN THE AFTERMATH OF
HURRICANE FLORENCE IN MULTIPLE LOCATIONS IN NORTH CAROLINA AND
AFTER HURRICANE MICHAEL IN FLORIDA AND FINALIZED ITS RESPONSE TO
THE 2017 HURRICANE IN LUMBERTON, NORTH CAROLINA. FOR MORE
DETAILS, PLEASE SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 112,231,703.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		47
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0.
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Form **990** (2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 124		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b If "Yes," enter the name of the foreign country: ATTACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 6		
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 in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 4		
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	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 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? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a	X	
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2

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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 JAMES R. BARR, JR. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463 757-226-3401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A.E. ROBERTSON DIRECTOR	1.00 2.00	X						0.	0.	0.
(2) M.G. ROBERTSON CHAIRMAN, DIR. THRU 4/19/18	1.00 39.00	X		X				0.	20,314.	243,026.
(3) GORDON P. ROBERTSON DIRECTOR/PRESIDENT	10.00 60.00	X		X				0.	581,991.	29,668.
(4) WILLIAM F. HORAN DIR/PRESIDENT/COO THRU 4/20/18	40.00 0.	X		X				414,638.	0.	20,718.
(5) THOMAS DAUGHERTY DIRECTOR	1.00 0.	X						0.	0.	0.
(6) CHERYL P. MCLESKEY DIRECTOR	1.00 0.	X						0.	0.	0.
(7) DAVID MELILLI DIRECTOR	1.00 0.	X						0.	0.	0.
(8) G. CONOLY PHILLIPS DIRECTOR	1.00 0.	X						0.	0.	0.
(9) JAMES R. BARR, JR. VICE PRESIDENT, CFO	5.00 50.00			X				0.	223,983.	29,131.
(10) DEBORAH R. BENSEN VICE PRESIDENT THRU 4/27/18	40.00 0.			X				156,401.	0.	10,963.
(11) DAVID DARG VICE PRESIDENT THRU 5/24/18	40.00 0.			X				44,725.	0.	6,484.
(12) PAMELA R. ERICKSON VICE PRESIDENT	50.00 0.			X				159,168.	0.	7,165.
(13) JODY L. GETTYS VICE PRESIDENT THRU 8/2/18	55.00 0.			X				157,392.	0.	23,362.
(14) STEVEN W. O'GRADY VICE PRESIDENT	50.00 0.			X				154,488.	0.	13,986.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RONDA F. SHERMAN ----- VICE PRESIDENT	60.00 0.			X				145,518.	0.	6,202.
(16) RANDY J. MORELL ----- SECRETARY	1.00 49.00			X				0.	225,599.	22,733.

1b Sub-total								1,086,812.	826,288.	384,503.
c Total from continuation sheets to Part VII, Section A								145,518.	225,599.	28,935.
d Total (add lines 1b and 1c)								1,232,330.	1,051,887.	413,438.

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	6
---	---	---

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(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	1a	Federated campaigns	1a	58,261.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	11,467,578.			
	e	Government grants (contributions)	1e	2,300,661.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	102,404,940.			
	g	Noncash contributions included in lines 1a-1f: \$		91,569,198.			
	h	Total. Add lines 1a-1f		116,231,440.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		138,556.			138,556.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			102,999.	56,556.			
	b	Less: cost or other basis and sales expenses					
			102,998.	64,390.			
	c	Gain or (loss)		1.	-7,834.		
	d	Net gain or (loss)			-7,833.		-7,833.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	0.			
	b	Less: direct expenses	b	0.			
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a	0.			
	b	Less: direct expenses	b	0.			
	c	Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a	0.				
b	Less: cost of goods sold	b	0.				
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue				Business Code			
11a	HAITI REVENUE		900099	2,871.	2,871.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,871.			
12	Total revenue. See instructions			116,365,034.	2,871.	130,723.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,960,517.	1,960,517.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,105,998.	38,105,998.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	57,668,721.	57,668,721.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,321,210.	566,770.	435,356.	319,084.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,835,899.	4,773,346.	444,094.	618,459.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,244.	191,141.	776.	21,327.
9 Other employee benefits	1,011,306.	870,289.	21,682.	119,335.
10 Payroll taxes	575,826.	461,925.	43,245.	70,656.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	83,251.	59,282.	23,969.	
c Accounting	75,211.	17,355.	57,856.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	56,106.			56,106.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,249,516.	836,183.	141,576.	271,757.
12 Advertising and promotion	179,198.	105,397.	3,835.	69,966.
13 Office expenses	769,259.	467,683.	24,616.	276,960.
14 Information technology	159,919.	38,014.	735.	121,170.
15 Royalties	0.			
16 Occupancy	1,091,374.	1,071,864.	19,510.	
17 Travel	1,229,954.	1,116,236.	22,652.	91,066.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	34,925.	32,547.	450.	1,928.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	143,930.	117,779.	26,151.	
23 Insurance	551,058.	349,806.	191,825.	9,427.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRUCK EXPENSES	2,080,217.	2,080,217.		
b SMALL EQUIPMENT AND PARTS	939,892.	926,248.	12,488.	1,156.
c TAXES AND LICENSES	266,563.	257,006.	5,561.	3,996.
d MEDICAL EXPENSES	42,610.	42,610.		
e All other expenses	188,131.	114,769.	67,964.	5,398.
25 Total functional expenses. Add lines 1 through 24e	115,833,835.	112,231,703.	1,544,341.	2,057,791.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	568,048.	1	1,185,099.
	2 Savings and temporary cash investments	8,579,012.	2	8,312,704.
	3 Pledges and grants receivable, net	1,304,373.	3	1,573,393.
	4 Accounts receivable, net	100,951.	4	183,662.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	19,813,406.	8	9,096,775.
	9 Prepaid expenses and deferred charges	574,651.	9	471,998.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,383,346.		
	b Less: accumulated depreciation	10b 4,762,955.	10c	620,391.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	326,540.	15	143,214.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,974,163.	16	21,587,236.	
Liabilities	17 Accounts payable and accrued expenses	1,596,004.	17	1,191,642.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,154,680.	25	8,640,916.
	26 Total liabilities. Add lines 17 through 25	20,750,684.	26	9,832,558.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,318,155.	27	2,180,928.
	28 Temporarily restricted net assets	8,905,324.	28	9,573,750.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,223,479.	33	11,754,678.
	34 Total liabilities and net assets/fund balances	31,974,163.	34	21,587,236.

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,365,034.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,833,835.
3	Revenue less expenses. Subtract line 2 from line 1	3	531,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,223,479.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,754,678.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number
54-1382657

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	255,849,763.	307,382,795.	346,016,145.	276,217,670.	116,231,440.	1,301,697,813.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	255,849,763.	307,382,795.	346,016,145.	276,217,670.	116,231,440.	1,301,697,813.
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).						600,919,881.
6 Public support. Subtract line 5 from line 4						700,777,932.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	255,849,763.	307,382,795.	346,016,145.	276,217,670.	116,231,440.	1,301,697,813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,515.	4,087.	11,461.	62,809.	138,556.	222,428.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						1,301,920,241.
12 Gross receipts from related activities, etc. (see instructions)					12	512,712.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	53.83 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	54.65 %
16a 33 1/3 % support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
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.	4b	
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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
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 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
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 .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in 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 .	9c	
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 10b below.	10a	
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.)	10b	

Part 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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization OPERATION BLESSING INTERNATIONAL

Employer identification number

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		374,024.		374,024.
b Buildings		1,456,428.	1,436,609.	19,819.
c Leasehold improvements		364,019.	309,560.	54,459.
d Equipment		2,275,233.	2,117,668.	157,565.
e Other		913,642.	899,118.	14,524.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				620,391.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GIFTS IN KIND	8,523,139.
(3) OTHER	117,777.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	8,640,916.

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

FIN 48

SCHEDULE D, PART X, LINE 2

OPERATION BLESSING RECOGNIZES OR DERECOGNIZES ITS TAX POSITION ON A "MORE

LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED

TO BE TAKEN IN A TAX RETURN. THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT

INCLUDE ANY UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number
54-1382657

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1** For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	4.	114.	PROGRAM SERVICES	INDIGENT & DISASTER	57,578,621.
(2) EAST ASIA AND THE PACIFIC	1.	16.	PROGRAM SERVICES	INDIGENT & DISASTER	993,624.
(3) MIDDLE EAST AND NORTH AFRICA	1.	2.	PROGRAM SERVICES	INDIGENT & DISASTER	742,254.
(4) NORTH AMERICA	1.	10.	PROGRAM SERVICES	INDIGENT & DISASTER	1,159,198.
(5) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	INDIGENT RELIEF	8,535.
(6) SOUTH AMERICA	2.	22.	PROGRAM SERVICES	INDIGENT & DISASTER	875,565.
(7) SOUTH ASIA	0.	0.	PROGRAM SERVICES	INDIGENT & DISASTER	275,125.
(8) SUB-SAHARAN AFRICA	1.	14.	PROGRAM SERVICES	INDIGENT & DISASTER	686,575.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	10.	178.			62,319,497.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	10.	178.			62,319,497.

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

Schedule F (Form 990) 2018

Part II 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.

1	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	126,024.				
(2)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	118,123.				
(3)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	83,963.				
(4)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	65,200.				
(5)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	25,000.				
(6)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	23,579.				
(7)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	13,000.				
(8)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	8,700.				
(9)			EAST ASIA/PACIFIC	HUMANITARIAN	638,422.				
(10)			EAST ASIA/PACIFIC	HUMANITARIAN	181,211.				
(11)			EAST ASIA/PACIFIC	HUMANITARIAN	100,000.				
(12)			EAST ASIA/PACIFIC	ANTI-TRAFFIC	10,000.				
(13)			EUROPE/ICELAND/GREENLAND	HUMANITARIAN	47,226.				
(14)			MIDDLE EAST/NORTH AFRICA	HUMANITARIAN	349,165.				
(15)			MIDDLE EAST/NORTH AFRICA	HUMANITARIAN	152,400.				
(16)			MIDDLE EAST/NORTH AFRICA	HUMANITARIAN	77,523.				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part II 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.

1	(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)
(1)			NORTH AMERICA	HUMANITARIAN	116,309.				
(2)			SOUTH AMERICA	HUMANITARIAN	77,983.				
(3)			SOUTH ASIA	HUMANITARIAN	117,400.				
(4)			SOUTH ASIA	HUMANITARIAN	80,000.				
(5)			SOUTH ASIA	HUMANITARIAN	33,873.				
(6)			SOUTH ASIA	MEDICAL MISSION	20,750.				
(7)			SOUTH ASIA	HUMANITARIAN	17,792.				
(8)			SOUTH ASIA	HUMANITARIAN	5,310.				
(9)			SUB-SAHARAN AFRICA	HUMANITARIAN	115,047.				
(10)			SUB-SAHARAN AFRICA	HUMANITARIAN	15,000.				
(11)			SUB-SAHARAN AFRICA	HUMANITARIAN	13,500.				
(12)			SUB-SAHARAN AFRICA	HUMANITARIAN	12,000.				
(13)			SUB-SAHARAN AFRICA	HUMANITARIAN	12,000.				
(14)			SUB-SAHARAN AFRICA	HUMANITARIAN	10,000.				
(15)			SUB-SAHARAN AFRICA	HUMANITARIAN	10,000.				
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SEE PART V	CENT. AMERICA/CARIBBEAN				54,655,813.	SEE PART V	WHOLESALE
(2) SEE PART V	NORTH AMERICA				293,600.	SEE PART V	WHOLESALE
(3) SEE PART V	SOUTH AMERICA				38,352.	SEE PART V	WHOLESALE
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

Part IV 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2018

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

OPERATION BLESSING MONITORS INTERNATIONAL GRANTS MADE IN ONE OR MORE OF THE FOLLOWING WAYS: 1) REVIEW WRITTEN REPORTS ON USE OF FUNDS. 2) PERSONAL VISITS TO SELECTED PROJECTS FUNDED BY THE GRANTS. 3) PERSONAL KNOWLEDGE OF GRANTEE'S USE OF FUNDS AND 4) INTERNAL AUDIT TESTS ON SAMPLE BASIS TO DETERMINE COMPLIANCE WITH POLICY.

SCHEDULE F, PART III, COLUMN (A)

IN CENTRAL AMERICA AND THE CARIBBEAN, OPERATION BLESSING HAS OFFICES LOCATED IN THE COUNTRIES OF EL SALVADOR, GUATEMALA, HONDURAS, AND HAITI; AS WELL AS PARTNERS IN DOMINICAN REPUBLIC AND NICARAGUA. IN THIS REGION, OB PROVIDED AID IN THE FOLLOWING AREAS: GIK MEDICINES, ANTI-TRAFFICKING, SAFE WATER, DISASTER RELIEF, MEDICAL CARE, HUNGER RELIEF, LIVELIHOOD AND VULNERABLE CHILDREN. IN HAITI, OPERATION BLESSING OPERATES A PRIMARY SCHOOL IN ONE OF THE COUNTRY'S POOREST COMMUNITIES THAT PROVIDES CHILDREN ACCESS TO SCHOOL WHO OTHERWISE MIGHT NOT HAVE THE ABILITY OR PROCLIVITY TO ATTEND. IN EL SALVADOR, OB CONTINUES TO PROVIDE FREE MEDICAL SERVICES THROUGHOUT THE COUNTRY WITH A MOBILE MEDICAL TEAM. OB HAS ALSO PROVIDED MEDICAL AND DENTAL SERVICES THROUGH MOBILE TEAMS IN HONDURAS, AS WELL AS COMMUNITY WATER SYSTEMS IN RURAL AREAS.

IN EAST ASIA AND THE PACIFIC, OPERATION BLESSING HAS AN OFFICE LOCATED IN JAPAN. IN JAPAN, OB TEAMS MANAGED RELIEF AND PERSONAL DEVELOPMENT PROGRAMS THAT INCLUDED: POST DISASTER CLEANUP OF THE HOKKAIDO EARTHQUAKE, CHILDREN'S ACTIVITIES AND LEARNING TRIPS AND POST-TRAUMATIC SUPPORT GROUP

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

WORKSHOPS FOR INDIVIDUALS AFFECTED BY NATURAL DISASTER.

IN THE MIDDLE EAST, OPERATION BLESSING HAS AN OFFICE IN ISRAEL AND SPECIAL PROJECTS IN OTHER CONFLICT-IMPACTED COUNTRIES LIKE PAKISTAN, AND JORDAN. IN THIS REGION, OB SERVED BENEFICIARIES IN THE FOLLOWING AREAS: HUNGER RELIEF, MEDICAL CARE, VULNERABLE CHILDREN, AND LIVELIHOOD. IN JORDAN, OPERATION BLESSING SUPPORTS REFUGEE FAMILIES AND THEIR CHILDREN WITH FOOD VOUCHERS, HEALTH CARE, AND SCHOOLING. IN ISRAEL, OPERATION BLESSING CONTINUES TO SUPPORT HOLOCAUST SURVIVORS AND NEW IMMIGRANTS BY PROVIDING FOOD VOUCHERS AND MEDICATION, AS WELL AS PROVIDING MICROENTERPRISE SUPPORT TO THOSE IN NEED. ADDITIONALLY, MEALS ARE PROVIDED TO THE ELDERLY IN VARIOUS LOCATIONS THROUGHOUT ISRAEL.

IN NORTH AMERICA, OPERATION BLESSING HAS A REGIONAL OFFICE LOCATED IN MEXICO. IN THIS REGION, BENEFICIARIES RECEIVED AID IN THE FOLLOWING AREAS: DISASTER RELIEF, LIVELIHOOD, FOOD SECURITY, AND SAFE WATER. OB MEXICO DISTRIBUTED WHEELCHAIRS TO INDIVIDUALS NEEDING MOBILE ASSISTANCE AND ACTED AS FIRST RESPONDERS TO THE RELIEF EFFORTS OF NATURAL DISASTERS THROUGHOUT THE COUNTRY.

IN SOUTH AMERICA, OPERATION BLESSING HAS TWO OFFICES IN PERU. IN THIS REGION, OB ASSISTED RESIDENTS IN THE FOLLOWING AREAS: ANTI-TRAFFICKING, SAFE WATER, VULNERABLE CHILDREN, LIVELIHOOD, MEDICAL CARE AND HUNGER RELIEF. ONGOING WATER PROJECTS PROVIDED COMMUNITIES WITH

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

POTABLE WATER, WHILE CHILDREN AT RISK OF POVERTY AND MALNUTRITION BENEFITED FROM NUTRITIONAL FEEDING PROGRAMS, MEDICAL BRIGADES, AND SEXUAL ABUSE PREVENTION TRAINING. IN PERU, HEALTH PROGRAMS HAVE A SPECIAL FOCUS ON MATERNAL/CHILD HEALTH WITH A PROGRAM SCREENING FOR CERVICAL CANCER, AS WELL AS MEDICAL BRIGADES, AND HEALTH OUTPOSTS.

IN SOUTH ASIA, OPERATION BLESSING HAS PARTNERS IN INDIA AND NEPAL. IN THIS REGION, MEDICAL BRIGADES PROVIDED FREE HEALTH CARE TO PEOPLE IN REMOTE AREAS.

IN SUB-SAHARAN AFRICA, OPERATION BLESSING HAS AN OFFICE LOCATED IN KENYA, AND PARTNERSHIPS IN MANY OTHER COUNTRIES. IN THIS REGION, OB HELPED PEOPLE IN THE FOLLOWING AREAS: VULNERABLE CHILDREN, SAFE WATER, HUNGER RELIEF, DISASTER RELIEF, LIVELIHOOD AND MEDICAL CARE. IN KENYA, COMMUNITY HEALTH VOLUNTEERS CONTINUE TO SERVE THEIR FRIENDS, FAMILY AND NEIGHBORS WITH HIGH-DEMAND PRIMARY MEDICAL SUPPORT, SPECIALIZING IN USING CHLORINE TO TREAT WATER AND PROVIDING PRENATAL EDUCATION. WITH PARTNER ORGANIZATIONS IN THE CONGO, LESOTHO, LIBERIA, MADAGASCAR, TANZANIA, UGANDA, SENEGAL, ZANZIBAR, MAURITANIA AND MALAWI, OB SUPPORTED ADDITIONAL PROGRAMS IN MEDICAL AID, CHILDREN AND LIVELIHOOD.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number
54-1382657

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					56,106.	-56,106.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

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

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts			
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)			
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

OPERATION BLESSING INTERNATIONAL

54-1382657

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RKD GROUP / ROBBINSKERSTE 3400 WATERVIEW PARKWAY RICHARDSON TX 75080	CONSULTING	X		28,106.	-28,106.
HUNTSINGER & JEFFER, INC. 809 BROOK HILL CIR. RICHMOND VA 23227	CONSULTING	X		28,000.	-28,000.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number

54-1382657

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OBDRS 977 CNTRVILLE TPKE VIRGINIA BEACH, VA	41-2186581	501(C)(3)	237,181.				DISASTER RELIEF
(2) BETHEL CHURCH 933 COLLEGE VIEW DRIVE REDDING, CA 96011	94-1514037	501(C)(3)	48,017.				WILDFIRE RELIEF
(3) BIG PINE CHRISTIAN CENTER INC 100 COUNTY RD. BIG PINE KEY, FL 33043	59-2592299	501(C)(3)	10,000.				HURRICANE RELIEF
(4) BIG PINE ELEMENTARY INC 30220 OVERSEAS HWY BIG PINE KEY, FL 33042	20-5732425	501(C)(3)	17,100.				HURRICANE RELIEF
(5) BIG PINE UNITED METHODIST CHURCH 280 KEY DEER BLVD. BIG PINE KEY, FL 33043	65-0710197	501(C)(3)	50,000.				HURRICANE RELIEF
(6) BOYS & GIRLS CLUB OF THE KEYS AREA 1400 UNITED ST. KEY WEST, FL 33040	65-0678071	501(C)(3)	26,000.				HURRICANE RELIEF
(7) CATALYST CHURCH 1985 GUN BRANCH RD. JACKSONVILLE, NC 28540	56-0678157	501(C)(3)	6,000.				HURRICANE RELIEF
(8) CATHEDRAL IN THE PINES CHRISTIAN CENTER 2350 EASTEX FREEWAY BEAUMONT, TX 77703	74-2016157	501(C)(3)	114,803.				HURRICANE RELIEF
(9) CHESTERFIELD MISSIONARY BAPTIST CHURCH 8591 HIGHWAY 90 LONGS, SC 29568	57-1022773	501(C)(3)	30,000.				HURRICANE RELIEF
(10) CHRISTIAN INTERNATIONAL FAMILY CHURCH 5200 EAST HWY 98 SANTA ROSA BEACH, FL 32459	59-3096177	501(C)(3)	30,000.				HURRICANE RELIEF
(11) CHRISTIAN OUTREACH CENTER 651 S. CHIPPEWA ST. LUMBERTON, NC 28359	82-4563433	501(C)(3)	10,000.				HURRICANE RELIEF
(12) THE CHURCH AT NEW BERN 3317 US-70 NEW BERN, NC 28560	26-4435884	501(C)(3)	27,700.				HURRICANE RELIEF

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number

54-1382657

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DEERPOINT LAKE ASSEMBLY OF GOD 3317 NEW CHURCH RD. PANAMA CITY, FL 32404	59-3308445	501 (C) (3)	30,000.				HURRICANE RELIEF
(2) EAST LOMBERTON BAPTIST CHURCH 301 WHITEVILLE AVE. LOMBERTON, NC 28358	56-1372585	501 (C) (3)	32,500.				HURRICANE RELIEF
(3) FAITH TEMPLE CHURCH OF GOD 701 N. 7TH AVE. WANCHULA, FL 33873	59-2992868	501 (C) (3)	55,000.				HURRICANE RELIEF
(4) FARM SHARE, INC. 14125 SW 320TH ST. HOMESTEAD, FL 33033	65-0342192	501 (C) (3)	80,000.				HURRICANE RELIEF
(5) FATHER'S HOUSE CHURCH OF OROVILLE 2656 FORT WAYNE ST. OROVILLE, CA 95966	68-0420711	501 (C) (3)	90,000.				WILDFIRE RELIEF
(6) FIRST ASSEMBLY OF GOD OF FL CITY 824 W. PALM DRIVE FLORIDA CITY, FL 33034	59-1928375	501 (C) (3)	21,200.				HURRICANE RELIEF
(7) GHENT AREA MINISTRY 701 W. OLNEY RD. NORFOLK, VA 23507	26-0082182	501 (C) (3)	15,000.				HOMELESS RELIEF
(8) GLAD TIDINGS TABERNACLE 1209 UNITED ST. KEY WEST, FL 33040	59-1431599	501 (C) (3)	20,000.				HURRICANE RELIEF
(9) GLOBAL RIVER CHURCH 4702 S. COLLEGE RD. WILMINGTON, NC 28412	56-1746056	501 (C) (3)	25,000.				HURRICANE RELIEF
(10) GOSPEL TABERNACLE 2105 W. CUMBERLAND ST. DUNN, NC 28334	56-1336235	501 (C) (3)	40,000.				HURRICANE RELIEF
(11) GRACE JONES COMMUNITY CENTER 230 41ST ST. MARATHON, FL 33050	59-2632878	501 (C) (3)	46,500.				HURRICANE RELIEF
(12) HIGH PRAISE WORSHIP CENTER INTL 7124 E. HIGHWAY 22 PANAMA CITY, FL 32404	59-3481287	501 (C) (3)	20,000.				HURRICANE RELIEF

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOPE CHARITABLE SERVICES P.O. BOX 7816 PORTSMOUTH, VA 23707	54-1658227	501 (C) (3)	80,000.				HURRICANE RELIEF
(2) LIBERTY CHRISTIAN CHURCH 81 SHEPARD ST. HAVELOCK, NC 28532	56-1279715	501 (C) (3)	25,000.				HURRICANE RELIEF
(3) LIGHTHOUSE ON THE ROCK 99339 OVERSEAS HWY KEY LARGO, FL 33037	65-0025213	501 (C) (3)	10,000.				HURRICANE RELIEF
(4) LIGHTHOUSE TO THE NATIONS 1616 ALLISON AVE PANAMA CITY BEACH, FL	59-2993816	501 (C) (3)	60,000.				HURRICANE RELIEF
(5) MAGALIA COMMUNITY CHURCH 13700 SKYWAY MAGALIA, CA 95954	68-0016199	501 (C) (3)	45,000.				WILDFIRE RELIEF
(6) MANNA CHURCH 5117 CLIFFDALE RD. FAYETTEVILLE, NC 28314	23-7079426	501 (C) (3)	19,410.				HURRICANE RELIEF
(7) MARATHON CHURCH OF GOD 800 74TH ST. MARATHON, FL 33050	65-0115750	501 (C) (3)	46,600.				HURRICANE RELIEF
(8) MARATHON COMMUNITY UNITED METHODIST 3010 OVERSEAS HIGHWAY MARATHON, FL 33050	59-2354291	501 (C) (3)	50,000.				HURRICANE RELIEF
(9) MIRACLEFEET 410 WEST MAIN STREET CARRBORO, NC 27510	27-3764203	501 (C) (3)	20,000.				SURGERIES
(10) MT. SINAI HOLINESS TABERNACLE 2122 COUNTY RD. 112 DOTHAN, AL 36303	56-2538988	501 (C) (3)	24,000.				HURRICANE RELIEF
(11) NEIGHBORHOOD CHURCH OF CHICO 2801 NOTRE DAME BLVD. CHICO, CA 95928	94-1697956	501 (C) (3)	25,000.				WILDFIRE RELIEF
(12) NEW LIFE CHURCH 4711 OVERSEAS HWY MARATHON, FL 33050	65-0033061	501 (C) (3)	30,750.				HURRICANE RELIEF

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
RELIEF AND DEVELOPMENT CORPORATION

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

Employer identification number

54-1382657

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW LIFE FAMILY WORSHIP CENTER P.O. BOX 1019 JACKSONVILLE, NC 28541	56-1627254	501(C)(3)	10,000.				HURRICANE RELIEF
(2) OROVILLE HOPE CENTER 1950 KITRICK AVE - STE A OROVILLE, CA 95966	47-5315046	501(C)(3)	68,500.				WILDFIRE RELIEF
(3) PANAMA CITY FIRST BAPTIST CHURCH PO BOX 1200 PANAMA CITY, FL 33402	59-0791014	501(C)(3)	30,000.				HURRICANE RELIEF
(4) PARADISE ALLIANCE CHURCH 6491 CLARK ROAD PARADISE, CA 95969	94-2350721	501(C)(3)	114,500.				WILDFIRE RELIEF
(5) SHERWOOD BAPTIST CHURCH 2201 WHISPERING PINES RD. ALBANY, GA 31707	58-6009350	501(C)(3)	30,000.				HURRICANE RELIEF
(6) SOMEBODY CARES TAMPA BAY 21903 US HWY 19 N CLEARWATER, FL 33765	59-3470531	501(C)(3)	35,000.				HURRICANE RELIEF
(7) ST. ANDREW BAPTIST CHURCH 3010 W. 15TH ST. PANAMA CITY, FL 32401	59-1036694	501(C)(3)	56,274.				HURRICANE RELIEF
(8) STAR OF THE SEA FOUNDATION 5640 MALONEY AVE. KEY WEST, FL 33040	30-0496670	501(C)(3)	20,000.				HURRICANE RELIEF
(9) THE VOLUNTEER WAY 8061 CONGRESS ST. FORT RICHEY, FL 34688	59-3555687	501(C)(3)	10,000.				HURRICANE RELIEF
(10) WITHOUT LIMITS CHRISTIAN CENTER 102 WASHINGTON POST RD. NEW BERN, NC 28560	26-0462570	501(C)(3)	60,607.				HURRICANE RELIEF
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							46.
3 Enter total number of other organizations listed in the line 1 table							46.

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

Schedule I (Form 990) (2018)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	HUNGER STRIKE FORCE			37,315,573.	WHOLESALE	SEE SCHEDULE O
2	DISASTER RELIEF			790,424.	WHOLESALE	SEE SCHEDULE O
3						
4						
5						
6						
7						

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

PART I, LINE 2

OPERATION BLESSING MONITORS ITS DOMESTIC GRANTS MADE IN EXCESS OF \$5,000

IN ONE OR MORE OF THE FOLLOWING WAYS: 1) REVIEWING WRITTEN REPORTS FROM

GRANTEES ON THE USE OF THE FUNDS 2) PERSONAL VISITS TO SELECTED PROJECTS

FUNDED BY THE GRANTS 3) PERSONAL KNOWLEDGE OF GRANTEE'S USE OF FUNDS AND

4) INTERNAL AUDIT TESTS ON A SAMPLE BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number
54-1382657

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other reportable compensation				
1 M.G. ROBERTSON CHAIRMAN, DIR. THRU 4/19/18	0.	0.	0.	0.	0.	0.	0.	0.
GORDON P. ROBERTSON DIRECTOR/PRESIDENT	0.	0.	0.	0.	0.	0.	0.	0.
2 WILLIAM F. HORAN DIR/PRESIDENT/COO THRU 4/20/18	574,564.	3,863.	3,564.	11,000.	18,668.	611,659.	0.	0.
JAMES R. BARR, JR. VICE PRESIDENT, CFO	182,131.	0.	232,507.	7,453.	13,265.	435,356.	0.	0.
4 DEBORAH R. BENSEN VICE PRESIDENT THRU 4/27/18	0.	0.	0.	0.	0.	0.	0.	0.
PAMELA R. ERICKSON VICE PRESIDENT	221,572.	322.	2,089.	9,069.	20,062.	253,114.	0.	0.
JODY L. GETTYS VICE PRESIDENT THRU 8/2/18	63,721.	0.	92,680.	2,783.	8,180.	167,364.	0.	0.
6 STEVEN W. O'GRADY VICE PRESIDENT	0.	0.	0.	0.	0.	0.	0.	0.
RONDA F. SHERMAN VICE PRESIDENT	154,837.	353.	3,978.	6,200.	965.	166,333.	0.	0.
JODY L. GETTYS VICE PRESIDENT THRU 8/2/18	0.	0.	0.	0.	0.	0.	0.	0.
7 STEVEN W. O'GRADY VICE PRESIDENT	103,664.	0.	53,728.	4,510.	18,852.	180,754.	0.	0.
RONDA F. SHERMAN VICE PRESIDENT	0.	0.	0.	0.	0.	0.	0.	0.
8 RANDY J. MORELL SECRETARY	152,068.	353.	2,067.	6,200.	7,786.	168,474.	0.	0.
RONDA F. SHERMAN VICE PRESIDENT	0.	0.	0.	0.	0.	0.	0.	0.
9 RANDY J. MORELL SECRETARY	144,500.	353.	665.	5,800.	402.	151,720.	0.	0.
RANDY J. MORELL SECRETARY	0.	0.	0.	0.	0.	0.	0.	0.
10 RANDY J. MORELL SECRETARY	203,165.	14,664.	7,770.	9,200.	13,533.	248,332.	0.	0.
11								
12								
13								
14								
15								
16								

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

OPERATION BLESSING PROVIDED SEVERANCE PAYMENTS TO THE FOLLOWING OFFICERS:

WILLIAM HORAN - \$230,154; DEBORAH BENSEN - \$92,019 AND JODY GETTYS - \$53,539.

**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

2018

**Open to Public
Inspection**

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number
54-1382657

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,006,364.	WHOLESALE ESTIMATE
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7.	102,998.	MARKET QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,544.	31,504,483.	WHOLESALE ESTIMATE
20 Drugs and medical supplies	X	28.	53,526,215.	WHOLESALE ESTIMATE
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	37.	429,138.	WHOLESALE ESTIMATE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 14.

	Yes	No
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 three 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
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

9632JL 2502

V 18-7.5F

683606

PAGE 52

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number
54-1382657

FORM 990, PART VI, LINE 2

M.G. ROBERTSON, CHAIRMAN OF THE BOARD UNTIL APRIL 2018, AND A.E.

ROBERTSON, DIRECTOR ARE MARRIED. THEIR SON, GORDON ROBERTSON, IS THE
PRESIDENT AND SERVES ON THE BOARD AS WELL.

FORM 990, PART VI, LINE 11B

OPERATION BLESSING PREPARES A DRAFT OF THE 990 WHICH IS REVIEWED BY KPMG
AND THE CFO. THE REVISED 990 IS SUBMITTED TO THE BOARD OF DIRECTORS FOR
THEIR REVIEW. FURTHER REVISIONS ARE CONFIRMED BY KPMG.

FORM 990, PART VI, LINE 12C

EACH OFFICER AND DIRECTOR IS REQUIRED TO REPORT ANY CONFLICTS OF INTEREST
TO THE PRESIDENT AS SOON AS PRACTICAL AFTER THEY BECOME AWARE OF SUCH A
CONFLICT. EACH OFFICER AND DIRECTOR IS ALSO REQUIRED TO ANNUALLY COMPLETE
THE CONFLICT OF INTEREST QUESTIONNAIRE. OPERATION BLESSING WILL MONITOR
COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY DETERMINING WHETHER
CONFLICTS EXIST DURING THE REVIEW OF ANNUAL QUESTIONNAIRES COMPLETED BY
OFFICERS, DIRECTORS, AND KEY EMPLOYEES. THE BOARD OF DIRECTORS, EXCLUDING
ANY CONFLICTED PERSONS, WILL HAVE FINAL APPROVAL OF ANY CORRECTIVE
MEASURES OR IMPOSED RESTRICTIONS FOR CONFLICTS OF INTEREST. SUCH
RESTRICTIONS WILL REQUIRE EXCLUDING CONFLICTED PERSONS FROM DISCUSSION
AND APPROVAL OF TRANSACTIONS BENEFITTING THEM, DIRECTLY OR INDIRECTLY.

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

FORM 990, PART VI, LINE 15A & 15B

THE BOARD OF DIRECTORS WILL CONDUCT AN INDEPENDENT REVIEW OF THE
COMPENSATION WHICH INCLUDES THE PRESIDENT, ALL VICE PRESIDENTS, AND KEY
EMPLOYEES EVERY THREE YEARS. THIS PROCESS INCLUDES SECURING COMPARABLE
COMPENSATION DATA FROM AN INDEPENDENT SOURCE, REVIEWING THE DATA TO
ENSURE THAT THE COMPENSATION IS REASONABLE AND CONTEMPORANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, LINE 19

OPERATION BLESSING WILL MAKE ITS AUDITED FINANCIAL STATEMENTS PUBLICLY
AVAILABLE BY PROVIDING COPIES ON REQUEST AND ALSO POSTS THE STATEMENTS ON
OB.ORG.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT AND ACCEPTANCE OF
THE AUDIT AND FOR RECOMMENDING TO THE BOARD THE RETENTION OR TERMINATION
OF THE AUDITOR. THE BOARD HAS APPOINTMENT RESPONSIBILITY FOR THE
AUDITOR.

FORM 990, PART III, LINE 4A

IN ADDITION TO VOLUNTEER MEDICAL TEAMS, OB MOBLIZES LOCAL HEALTH CARE
PROMOTERS CALLED COMMUNITY HEALTH VOLUNTEERS THAT PROVIDE FREE MEDICAL
SERVICES IN RURAL AREAS ALLOWING REMOTE POPULATIONS ACCESS TO PRIMARY
HEALTHCARE.

OPERATION BLESSING WAS INSTRUMENTAL IN FEEDING HUNGRY PEOPLE AROUND THE
WORLD IN FY19, INCLUDING FEEDING PROGRAMS IN COUNTRIES SUCH AS EL

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

SALVADOR, HAITI, ISRAEL, KENYA, LESOTHO AND UGANDA.

DURING FY19 OB RESPONDED TO HURRICANES THROUGHOUT THE CARRIBBEAN INCLUDING HURRICANE MICHAEL IN EL SALVADOR, HURRICANE WILLA IN MEXICO AND A TROPICAL DEPRESSION THAT BROUGHT SEVERE FLOODING TO SINALOA MEXICO WHERE OB DISTRIBUTED HYGIENE KITS AND WATER FILTERS. SEISMIC ACTIVITY CREATED NATURAL DISASTERS IN JAPAN AND INDONESIA, WHICH RESULTED IN A TSUNAMI, AND OPERATION BLESSING PROVIDED CLEAN WATER, SOLAR LIGHTS, DEBRIS CLEAN UP AND OTHER IMMEDIATE AID TO ASSIST THE VICTIMS OF THE QUAKES. OB ALSO ASSISTED VICTIMS OF THE VOLCAN DE FUEGO ERUPTION IN GUATEMALA WITH HYGIENE SUPPLIES, FOOD PACKS, AND WATER PURIFICATION DEVICES.

IN FY19, OPERATION BLESSING EQUIPPED INDIVIDUALS WITH MARKETABLE JOB SKILLS AND SMALL BUSINESS OPPORTUNITIES IN COUNTRIES SUCH AS EL SALVADOR, MEXICO, HONDURAS, JORDAN, PAKISTAN, PERU, MAURITANIA, KENYA, AND ISRAEL. FROM TRAINING IN FOOD PRODUCTION AND ANIMAL HUSBANDRY TO BEAUTICIAN SKILLS AND SEWING CENTERS, OB PROVIDED THOSE IN NEED WITH THE RESOURCES AND SKILLS TO PROVIDE FOR THEIR FAMILIES AND STRENGTHEN COMMUNITIES THROUGH INCOME GENERATION.

IN 12 COUNTRIES AROUND THE WORLD, OB WATER PROGRAMS USED A COMBINATION OF TECHNIQUES TO BRING SAFE WATER TO COMMUNITIES SUCH AS POINT OF USE CHLORINE GENERATION DEVICES AND WATER FILTRATION. IN HAITI, CHLORINE PRODUCTION HELPED DISINFECT WATER AND PREVENT THE SPREAD OF DISEASE.

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

OB PROVIDES CARE FOR VULNERABLE CHILDREN, INCLUDING THOSE WHO HAVE BEEN RESCUED FROM HUMAN TRAFFICKING, THROUGH EDUCATIONAL OPPORTUNITIES AND PROGRAMS TO COMBAT MALNUTRITION. OB BUILDS AND RENOVATES SCHOOLS, PROVIDES SCHOOL SCHOLARSHIPS, TRAINS TEENS IN VOCATIONAL SKILLS, AND INCORPORATES FEEDING PROGRAMS TO PROVIDE CHILDREN WITH OPPORTUNITIES TO SUCCEED. ADDITIONALLY, OB WORKS TO COMBAT CHILD TRAFFICKING THROUGH PREVENTION PROGRAMS, SUPPORTS RESCUE MISSIONS, AND PROVIDES RESTORATION FOR THOSE WHO ARE RESCUED OUT OF SLAVERY WITH VOCATIONAL SKILLS TRAINING, MEDICAL ASSISTANCE, COUNSELING, AND RENOVATIONS OF SAFE HOMES. IN FY19, OB BENEFITTED CHILDREN IN EL SALVADOR, GUATEMALA, HAITI, HONDURAS, ISRAEL, JAPAN, JORDAN, KENYA, LESOTHO, LIBERIA, MEXICO, PERU, AND UGANDA.

FORM 990, PART III, LINE 4B

THE HSF'S FLEET OF TRACTOR-TRAILER TRUCKS TRANSPORTS MILLIONS OF POUNDS OF FOOD, BEVERAGES, OTHER RELIEF PRODUCTS AND DISASTER RELIEF SUPPLIES TO A NETWORK OF MORE THAN 80 COMMUNITY-BASED PARTNERS IN DOZENS OF CITIES ACROSS THE U.S. THESE PARTNERS IN TURN SERVE ROUGHLY 4,500 LOCAL FOOD PANTRIES AND HUNGER RELIEF AGENCIES NATIONWIDE. MILLIONS BENEFITTED DURING FY19 FROM THE FOOD, BEVERAGES AND OTHER PRODUCTS THAT WE DISTRIBUTED TO OUR NETWORK. CURRENTLY, OB HAS A 65,000 SQUARE FOOT DISTRIBUTION CENTER IN CHESAPEAKE, VIRGINIA; A 45,000 SQUARE-FOOT DISTRIBUTION CENTER IN GRAND PRAIRIE, TEXAS; A 60,000 SQUARE-FOOT STORM HEADQUARTERS DISTRIBUTION CENTER IN OCALA, FLORIDA; AND A 60,000 SQUARE-FOOT FOOD DISTRIBUTION CENTER IN BRISTOL, TENNESSEE TO HELP REACH IMPOVERISHED FAMILIES IN APPALACHIA. THESE DISTRIBUTION CENTERS MAKE IT

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

POSSIBLE TO STRATEGICALLY SHIP MIXED LOADS OF FOOD AND OTHER RELIEF
SUPPLIES TO DISADVANTAGED FAMILIES AND DISASTER VICTIMS ACROSS THE U.S.

FORM 990, PART III, LINE 4C

A FIRST RESPONDER IN TIMES OF DISASTER, OPERATION BLESSING'S DOMESTIC
DISASTER RELIEF TEAMS RESPONDED TO 6 U.S. DISASTERS IN FY19. OPERATION
BLESSING'S DOMESTIC DISASTER RELIEF TEAMS HELPED COMMUNITIES IN CRISIS BY
PROVIDING RELIEF TO TORNADO VICTIMS IN ALABAMA, FLOODING VICTIMS IN
NEBRASKA, AND WILDFIRE VICTIMS IN CALIFORNIA. OPERATION BLESSING ALSO
ASSISTED IN THE AFTERMATH OF HURRICANE FLORENCE IN MULTIPLE LOCATIONS IN
NORTH CAROLINA, AFTER HURRICANE MICHAEL IN FLORIDA, AND FINALIZED ITS
RESPONSE TO THE 2017 HURRICANE IN LUMBERTON, NORTH CAROLINA. WE ALSO
SUPPORTED OUR LOCAL COMMUNITY BY PROVIDING BLANKETS AND PORTABLE HEATERS
IN THE HAMPTON ROADS REGION OF VIRGINIA DURING THE WINTER OF 2019.

OB'S INTERNATIONAL RELIEF CREWS COMPLETED THEIR DISASTER RELIEF EFFORT
AFTER A YEAR OF PROVIDING CLEAN WATER AND OTHER RELIEF AID TO THE VICTIMS
OF HURRICANE MARIA WHICH HIT PUERTO RICO IN THE FALL OF 2017. OB PROVIDED
ACCESS TO SAFE DRINKING WATER THROUGH CHLORINATION AND FILTRATION
TECHNIQUES, SOLAR LIGHTS FOR POWER OUTTAGES, FOOD AND HYGIENE SUPPLIES
AND PROVIDED BUILDING REPAIR TO STRUCTURES THROUGHOUT THE ISLAND.

FORM 990, PART VIII

OB RECEIVED \$11,467,578 IN CASH FROM THE CHRISTIAN BROADCASTING NETWORK,
INC., A RELATED ORGANIZATION, AND \$568,735 IN RENT AND SERVICES FOR A
TOTAL CONTRIBUTION RECEIVED OF \$12,036,313.

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

EL SALVADOR

GUATEMALA

HAITI

HONDURAS

ISRAEL

JAPAN

KENYA

MEXICO

PERU

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AK, CA,

FL, GA, LA, ME,

MN, NH, PA,

SC, TN, VA, WA, WV,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ROSLAN & CAMPION PR, LLC 424 WEST 33RD ST.; SUITE 620 NEW YORK, NY 10001	PUBLIC RELATIONS	124,387.
JONES SPECIALTY MARKETING LLC 103 DOUGLAS LANE BRISTOL, TN 37320	MARKETING	111,505.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection

Employer identification number

54-1382657

Name of the organization
RELIEF AND DEVELOPMENT CORPORATION
OPERATION BLESSING INTERNATIONAL**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	THE CHRISTIAN BROADCASTING NETWORK, INC. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	BROADCASTING	VA	501 (C) (3)	7	N/A		X
(2)	OB DISASTER RELIEF SERVICES, INC. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	DISASTER AID	VA	501 (C) (3)	12	OB	X	
(3)	OPERATION BLESSING ISRAEL, INC. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	HUMANITARIAN	VA	501 (C) (3)	7	OB	X	
(4)	OPERATION BLESSING MIDDLE EAST, INC. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	HUMANITARIAN	VA	501 (C) (3)	7	OB	X	
(5)	OB JAPAN 1-37-7 KAMISAKURAGI MIYAGI KEN, JA	HUMANITARIAN	JA			OB	X	
(6)	OB HAITI #6 RUE TAMARIN, TABARRE 48 PORT-AU-PRINCE, HA	HUMANITARIAN	HA			OB	X	
(7)	OB KENYA LIMITED VILLA FRANCA, MOMBASA RD. NAIROBI, KE 00200	HUMANITARIAN	KE			OB	X	

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

Schedule R (Form 990) 2018

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

Employer identification number

54-1382657

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	OPERACION BENDICION MEXICO, A.C. 11850 CIUDAD DE MEXICO CDMX, MX 99-9999999	HUMANITARIAN	MX		OB		X
(2)	ASOCIACION OPERACION BENDICION 18 A VENIDA 8-24, ZONA 11 CIUDAD, GT 99-9999999	HUMANITARIAN	GT		OB		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b** Gift, grant, or capital contribution to related organization(s).
- c** Gift, grant, or capital contribution from related organization(s).
- d** Loans or loan guarantees to or for related organization(s).
- e** Loans or loan guarantees by related organization(s).
- f** Dividends from related organization(s).
- g** Sale of assets to related organization(s).
- h** Purchase of assets from related organization(s).
- i** Exchange of assets with related organization(s).
- j** Lease of facilities, equipment, or other assets to related organization(s).
- k** Lease of facilities, equipment, or other assets from related organization(s).
- l** Performance of services or membership or fundraising solicitations for related organization(s).
- m** Performance of services or membership or fundraising solicitations by related organization(s).
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o** Sharing of paid employees with related organization(s).

p Reimbursement paid to related organization(s) for expenses.

q Reimbursement paid by related organization(s) for expenses.

r Other transfer of cash or property to related organization(s).

s Other transfer of cash or property from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OB JAPAN	B	613,799.	CASH
(2) OB HAITI	B	736,101.	CASH
(3) OPERACION BENDICION MEXICO, A.C.	B	405,892.	CASH
(4) ASOCIACION OPERACION BENDICION	B	488,927.	CASH
(5) OB KENYA LIMITED	B	356,829.	CASH
(6) OPERACION BENDICION MEXICO, A.C.	R	291,200.	WHOLESALE VALUE

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b Gift, grant, or capital contribution to related organization(s).
- c Gift, grant, or capital contribution from related organization(s).
- d Loans or loan guarantees to or for related organization(s).
- e Loans or loan guarantees by related organization(s).
- f Dividends from related organization(s).
- g Sale of assets to related organization(s).
- h Purchase of assets from related organization(s).
- i Exchange of assets with related organization(s).
- j Lease of facilities, equipment, or other assets to related organization(s).
- k Lease of facilities, equipment, or other assets from related organization(s).
- l Performance of services or membership or fundraising solicitations for related organization(s).
- m Performance of services or membership or fundraising solicitations by related organization(s).
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o Sharing of paid employees with related organization(s).
- p Reimbursement paid to related organization(s) for expenses.
- q Reimbursement paid by related organization(s) for expenses.
- r Other transfer of cash or property to related organization(s).
- s Other transfer of cash or property from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASOCIACION OPERACION BENDICION	R	8,920,371.	WHOLESALE VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

Part VII**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.