

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

2019Open to Public
Inspection**A** For the 2019 calendar year, or tax year beginning **04/01, 2019**, and ending **03/31, 2020****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	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 ROBERTSON****977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463****D** Employer identification number**54-1382657****E** Telephone number**(757) 226-3401****G** Gross receipts \$ **84,590,120.****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)

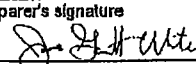
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.OB.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1986** **M** State of legal domicile: **VA****Part I Summary**

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 FY20.	
	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)	7.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	126.
	6 Total number of volunteers (estimate if necessary)	1,800.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	116,231,440.
	9 Program service revenue (Part VIII, line 2g)	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,723.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,871.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,365,034.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	97,735,236.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,957,485.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	56,106.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,990,224.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,085,008.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	115,833,835.
	19 Revenue less expenses. Subtract line 18 from line 12	531,199.
	20 Total assets (Part X, line 16)	21,587,236.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	9,832,558.
	22 Net assets or fund balances. Subtract line 21 from line 20.	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		10/22/2020
	JAMES R. BARR, JR.	VP - CFO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> If self-employed	PTIN
	JG WHITE		10/22/2020		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** (2019)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Operation Blessing International Relief and Development Corporation	Taxpayer Identification number (TIN) 54-1382657
	Number, street, and room or suite no. If a P.O. box, see instructions. 977 Centerville Turnpike	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Virginia Beach, VA 23463	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **Corporate Officers**

Telephone No. ► **(757) 226-3401** Fax No. ► **(757) 226-3657**

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **February 15**, 20 **21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☐ calendar year 20 ____ or
 ► ☒ tax year beginning **April 1**, 20 **19**, and ending **March 31**, 20 **20**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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, MEDICAL CARE,
CLEAN WATER 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 \$ 26,519,562. including grants of \$ 20,855,137.) (Revenue \$ 46,577.)

INTERNATIONAL RELIEF: DURING FY20, OB HELD HUNDREDS OF
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 MANY 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 \$ 44,787,241. including grants of \$ 38,490,955.) (Revenue \$)

OB'S HUNGER STRIKE FORCE: IN THE UNITED STATES, OB'S FLEET OF
HUNGER STRIKE FORCE TRACTOR-TRAILERS TRAVELED APPROXIMATELY 1.5
MILLION MILES AND DISTRIBUTED MORE THAN 37 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 \$ 4,031,075. including grants of \$ 1,143,212.) (Revenue \$)

A FIRST RESPONDER IN TIMES OF DISASTER, OPERATION BLESSING'S
DOMESTIC DISASTER RELIEF TEAM RESPONDED TO 3 U.S. DISASTERS IN
FY20. OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM ASSISTED
DEVASTATED FLOOD VICTIMS IN BEAUMONT, TX AND OCRACOCKE, NC. WE THEN
JUMPED INTO ACTION TO ASSIST TORNADO VICTIMS IN MT. JULIET, TN.
IN THE WAKE OF THE COVID19 PANDEMIC, OPERATION BLESSING'S DOMESTIC
DISASTER RELIEF TEAM HELPED FIRST RESPONDER COMMUNITIES IN 3
STATES BY PROVIDING CRITICAL SUPPLIES SUCH AS N95 MASKS AND
SANITATION KITS. OPERATION BLESSING'S DOMESTIC DISASTER RELIEF
TEAM ALSO PROVIDED N95 MASKS TO OUR CHURCH PARTNER NETWORK IN 8
STATES IN ORDER TO ASSIST WITH THEIR RE-OPENINGS.

4d Other program services (Describe on Schedule O.) ATTACHMENT 1

(Expenses \$ 174,218. including grants of \$ 174,218.) (Revenue \$)

4e Total program service expenses 75,512,096.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
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? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
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? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
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? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>		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

X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	41	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 126		
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 on 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 2 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 on 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 (2019)

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	7			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		5		
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?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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 on Schedule O.				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3
- 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 on Schedule O)
- 19** Describe on 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.

See instructions for the order in which to list the persons above.

☐ 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) GORDON P. ROBERTSON DIRECTOR/PRESIDENT	10.00 60.00	X		X				0.	578,464.	28,761.
(2) JAMES R. BARR, JR. VICE PRESIDENT, CFO	5.00 50.00			X				0.	227,782.	23,575.
(3) MARVIN B. EDWARDS VICE PRESIDENT	15.00 40.00			X				0.	238,009.	10,766.
(4) RANDY J. MORELL SECRETARY	1.00 49.00			X				0.	209,444.	17,315.
(5) PAMELA R. ERICKSON VICE PRESIDENT THRU 6/6/19	50.00 0.			X				178,534.	0.	2,389.
(6) STEVEN W. O'GRADY VICE PRESIDENT	50.00 0.			X				155,396.	0.	9,900.
(7) RONDA F. SHERMAN VICE PRESIDENT	60.00 0.			X				148,021.	0.	1,740.
(8) JEFFREY C. WESTLING CHIEF OF STAFF	55.00 0.					X		128,874.	0.	1,210.
(9) WILLIAM F. HORAN FORMER DIR/PRESIDENT/COO	0. 0.						X	121,690.	0.	250.
(10) ANTHONY S. LLOYD SR. DIR. - U.S. DISASTER REL.	50.00 0.					X		115,869.	0.	2,418.
(11) A.E. ROBERTSON DIRECTOR	1.00 2.00	X						0.	0.	0.
(12) THOMAS DAUGHERTY DIRECTOR	1.00 0.	X						0.	0.	0.
(13) CHERYL P. MCLESKEY DIRECTOR	1.00 0.	X						0.	0.	0.
(14) DAVID MELILLI DIRECTOR	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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) G. CONOLY PHILLIPS ----- DIRECTOR	1.00 0.	X						0.	0.	0.
16) DAVID PENTECOST ----- DIRECTOR	1.00 0.	X						0.	0.	0.

1b Sub-total								848,384.	1,253,699.	98,324.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								848,384.	1,253,699.	98,324.

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 4		

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 Revenue

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

☒ X

				(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	31,891.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	16,679,652.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	67,368,811.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 52,761,732.			
	h	Total. Add lines 1a-1f			84,080,354.		
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).			186,653.		186,653.
	4	Income from investment of tax-exempt bond proceeds . .			0.		
	5	Royalties			0.		
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss).			0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Real 263,239.	(ii) Personal 13,297.		
	b	Less: cost or other basis and sales expenses . .	7b	264,615.			
	c	Gain or (loss)	7c	-1,376.	13,297.		
	d	Net gain or (loss)				11,921.	11,921.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.		
	b	Less: direct expenses	8b		0.		
	c	Net income or (loss) from fundraising events.				0.	
	9a	Gross income from gaming activities. See Part IV, line 19	9a		0.		
	b	Less: direct expenses	9b		0.		
	c	Net income or (loss) from gaming activities.				0.	
	10a	Gross sales of inventory, less returns and allowances	10a		0.		
	b	Less: cost of goods sold	10b		0.		
	c	Net income or (loss) from sales of inventory.				0.	
Miscellaneous Revenue				Business Code			
	11a	INTERNATIONAL REVENUE		900099	46,577.	46,577.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			46,577.		
12	Total revenue. See instructions			84,325,505.	46,577.		198,574.

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	958,023.	958,023.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,850,362.	38,850,362.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,855,137.	20,855,137.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	495,980.	346,219.		149,761.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	121,940.		121,940.	
7 Other salaries and wages	6,752,545.	5,648,595.	142,414.	961,536.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,017.	59,167.	665.	185.
9 Other employee benefits	997,451.	835,054.	20,643.	141,754.
10 Payroll taxes	597,326.	487,995.	17,314.	92,017.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	106,993.	83,376.	19,509.	4,108.
c Accounting	59,943.	16,581.	39,642.	3,720.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
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.)	937,176.	789,393.	125,010.	22,773.
12 Advertising and promotion	253,263.	140,454.	636.	112,173.
13 Office expenses	677,002.	397,375.	9,695.	269,932.
14 Information technology	126,266.	43,444.	1,482.	81,340.
15 Royalties	0.			
16 Occupancy	1,064,971.	1,034,014.	22,167.	8,790.
17 Travel	1,259,562.	1,161,891.	10,832.	86,839.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	33,834.	30,248.	1,030.	2,556.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	105,025.	78,792.	26,233.	
23 Insurance	533,987.	329,776.	195,152.	9,059.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRUCK EXPENSES	1,950,425.	1,949,417.		1,008.
b SMALL EQUIPMENT AND PARTS	946,342.	927,059.	13,508.	5,775.
c TAXES AND LICENSES	285,229.	268,354.	6,197.	10,678.
d MEDICAL EXPENSES	113,890.	113,640.		250.
e All other expenses	168,846.	107,730.	35,146.	25,970.
25 Total functional expenses. Add lines 1 through 24e	78,311,535.	75,512,096.	809,215.	1,990,224.
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	1,185,099.	1	14,305,348.
	2 Savings and temporary cash investments.	8,312,704.	2	307,718.
	3 Pledges and grants receivable, net	1,573,393.	3	1,996,004.
	4 Accounts receivable, net.	183,662.	4	188,315.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	9,096,775.	8	15,815,610.
	9 Prepaid expenses and deferred charges	471,998.	9	528,900.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,090,152.		
	b Less: accumulated depreciation.	10b 4,505,451.		
		620,391.	10c	584,701.
	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	143,214.	15	206,271.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,587,236.	16	33,932,867.	
Liabilities	17 Accounts payable and accrued expenses.	1,191,642.	17	989,590.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	8,640,916.	25	15,174,629.
	26 Total liabilities. Add lines 17 through 25.	9,832,558.	26	16,164,219.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,180,928.	27	4,230,155.
	28 Net assets with donor restrictions.	9,573,750.	28	13,538,493.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
31 Retained earnings, endowment, accumulated income, or other funds.		31		
32 Total net assets or fund balances	11,754,678.	32	17,768,648.	
33 Total liabilities and net assets/fund balances	21,587,236.	33	33,932,867.	

Form **990** (2019)

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	84,325,505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,311,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,013,970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,754,678.
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 on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,768,648.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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?		X
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 on Schedule O and describe any steps taken to undergo such audits . . .		

Form **990** (2019)

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

2019

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) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	307,382,795.	346,016,145.	276,217,670.	116,231,440.	84,080,354.	1,129,928,404.
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	307,382,795.	346,016,145.	276,217,670.	116,231,440.	84,080,354.	1,129,928,404.
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).						512,604,351.
6 Public support. Subtract line 5 from line 4						617,324,053.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	307,382,795.	346,016,145.	276,217,670.	116,231,440.	84,080,354.	1,129,928,404.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,087.	11,461.	62,809.	138,556.	186,653.	403,566.
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						1,130,331,970.
12 Gross receipts from related activities, etc. (see instructions)					12	389,606.
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 2019 (line 6, column (f) divided by line 11, column (f)).	14	54.61 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	53.83 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 . ☐

b 33 1/3% support tests - 2018. 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 ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined 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 .		
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 .		
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.		
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.)		

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?		
b A family member of a person described in (a) above?		
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 .		

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.		
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.		

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).		

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?		
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).		
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.		

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) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

2019

Open to Public
Inspection

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
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 (for example, 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 FASB 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 FASB 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 FASB 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) 2019

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 make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- 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 Term 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 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.	1,452,812.	3,616.
c Leasehold improvements		371,087.	336,171.	34,916.
d Equipment		2,176,627.	2,010,184.	166,443.
e Other		711,986.	706,284.	5,702.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				584,701.

Schedule D (Form 990) 2019

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	15,164,877.
(3) OTHER	9,752.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB 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)****Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ **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.****2019****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName 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	5.	116.	PROGRAM SERVICES	INDIGENT & DISASTER	17,989,381.
(2) EAST ASIA AND THE PACIFIC	15.	98.	PROGRAM SERVICES	INDIGENT & DISASTER	2,792,652.
(3) EUROPE	0.	0.	PROGRAM SERVICES	INDIGENT RELIEF	80,000.
(4) MIDDLE EAST AND NORTH AFRICA	1.	3.	PROGRAM SERVICES	INDIGENT RELIEF	738,827.
(5) NORTH AMERICA	1.	14.	PROGRAM SERVICES	INDIGENT & DISASTER	1,000,481.
(6) RUSSIA/INDEPENDENT STATES	2.	44.	PROGRAM SERVICES	INDIGENT RELIEF	585,822.
(7) SOUTH AMERICA	2.	16.	PROGRAM SERVICES	INDIGENT RELIEF	823,848.
(8) SOUTH ASIA	1.	8.	PROGRAM SERVICES	INDIGENT RELIEF	597,889.
(9) SUB-SAHARAN AFRICA	6.	26.	PROGRAM SERVICES	INDIGENT & DISASTER	1,910,662.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	33.	325.			26,519,562.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	33.	325.			26,519,562.

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

Schedule F (Form 990) 2019

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)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	68,440.				
(2)			CENT. AMERICA/CARIBBEAN	ANTI-TRAFFICKING	50,000.				
(3)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	41,792.				
(4)			CENT. AMERICA/CARIBBEAN	DISASTER RELIEF	20,000.				
(5)			CENT. AMERICA/CARIBBEAN	ANTI-TRAFFICKING	13,000.				
(6)			CENT. AMERICA/CARIBBEAN	DISASTER RELIEF	10,000.				
(7)			CENT. AMERICA/CARIBBEAN	HUMANITARIAN	5,215.				
(8)			EAST ASIA/PACIFIC	HUMANITARIAN	999,973.				
(9)			EAST ASIA/PACIFIC	HUMANITARIAN	424,385.				
(10)			EAST ASIA/PACIFIC	HUMANITARIAN	345,291.				
(11)			EAST ASIA/PACIFIC	HUMANITARIAN	316,231.				
(12)			EAST ASIA/PACIFIC	HUMANITARIAN	180,659.				
(13)			EAST ASIA/PACIFIC	HUMANITARIAN	140,832.				
(14)			EAST ASIA/PACIFIC	HUMANITARIAN	83,394.				
(15)			EAST ASIA/PACIFIC	HUMANITARIAN	69,790.				
(16)			EAST ASIA/PACIFIC	HUMANITARIAN	10,115.				

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)			EAST ASIA/PACIFIC	ANTI-TRAFFICKING	10,000.				
(2)			EUROPE/ICELAND/GREENLAND	DISASTER RELIEF	50,000.				
(3)			EUROPE/ICELAND/GREENLAND	DISASTER RELIEF	30,000.				
(4)			MIDDLE EAST/NORTH AFRICA	HUMANITARIAN	302,997.				
(5)			MIDDLE EAST/NORTH AFRICA	SYRIAN REFUGEES	110,000.				
(6)			MIDDLE EAST/NORTH AFRICA	SYRIAN REFUGEES	84,477.				
(7)			MIDDLE EAST/NORTH AFRICA	SYRIAN REFUGEES	64,845.				
(8)			MIDDLE EAST/NORTH AFRICA	DISASTER RELIEF	17,310.				
(9)			MIDDLE EAST/NORTH AFRICA	HUMANITARIAN	10,500.				
(10)			RUSSIA/NEWLY IND. STATES	HUMANITARIAN	482,424.				
(11)			SOUTH AMERICA	REFUGEE RELIEF	17,500.				
(12)			SOUTH ASIA	HUMANITARIAN	475,960.				
(13)			SOUTH ASIA	HUMANITARIAN	38,846.				
(14)			SOUTH ASIA	HUMANITARIAN	28,000.				
(15)			SOUTH ASIA	MEDICAL SUPPORT	20,750.				
(16)			SOUTH ASIA	HUMANITARIAN	10,096.				

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)			SOUTH ASIA	DISASTER RELIEF	10,000.				
(2)			SUB-SAHARAN AFRICA	HUMANITARIAN	243,132.				
(3)			SUB-SAHARAN AFRICA	HUMANITARIAN	183,422.				
(4)			SUB-SAHARAN AFRICA	HUMANITARIAN	138,880.				
(5)			SUB-SAHARAN AFRICA	HUMANITARIAN	90,000.				
(6)			SUB-SAHARAN AFRICA	WATER PROGRAMS	61,230.				
(7)			SUB-SAHARAN AFRICA	HUMANITARIAN	53,520.				
(8)			SUB-SAHARAN AFRICA	HUMANITARIAN	50,042.				
(9)			SUB-SAHARAN AFRICA	HUMANITARIAN	47,222.				
(10)			SUB-SAHARAN AFRICA	HUMANITARIAN	23,659.				
(11)			SUB-SAHARAN AFRICA	DISASTER RELIEF	20,000.				
(12)			SUB-SAHARAN AFRICA	HUMANITARIAN	14,000.				
(13)			SUB-SAHARAN AFRICA	WATER PROGRAMS	12,400.				
(14)			SUB-SAHARAN AFRICA	MEDICAL	11,250.				
(15)			SUB-SAHARAN AFRICA	HUMANITARIAN	10,000.				
(16)			SUB-SAHARAN AFRICA	HUMANITARIAN	8,250.				

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	WATER PROGRAMS	6,270.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SEE PART V	CENT. AMERICA/CARIBBEAN				14,945,531.	SEE PART V	WHOLESALE
(2) SEE PART V	MIDDLE EAST/NORTH AFRICA				22,346.	SEE PART V	WHOLESALE
(3) SEE PART V	NORTH AMERICA				249,440.	SEE PART V	WHOLESALE
(4) SEE PART V	SUB-SAHARAN AFRICA				113,968.	SEE PART V	WHOLESALE
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

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) 2019

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 4) INTERNAL AUDIT TESTS ON A SAMPLE BASIS.

SCHEDULE F, PART III, COLUMN (A)

IN CENTRAL AMERICA AND THE CARIBBEAN, OPERATION BLESSING HAS OFFICES LOCATED IN THE COUNTRIES OF GUATEMALA, COSTA RICA, EL SALVADOR, HONDURAS, AND HAITI. IN THIS REGION, OB PROVIDED AID IN THE FOLLOWING AREAS: CLEAN WATER, DISASTER RELIEF, MEDICAL CARE, AND HUNGER RELIEF. ADDITIONAL PROGRAMING WAS DONE IN SUPPORT OF ANTI-TRAFFICKING 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 MOBLE 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 OFFICES LOCATED IN JAPAN, THAILAND, MYANMAR, CAMBODIA, THE PHILIPPINES, CHINA, HONG KONG AND INDONESIA ALONG WITH AN AFFLIATE IN VIETNAM. THROUGHOUT THE REGION, OB CONDUCTED MEDICAL BRIGADES, WATER PROJECTS, AND LIFE-CHANGING SURGERIES. IN JAPAN, INDONESIA, THE PHILLIPINES, AND THAILAND, OB RESPONDED TO

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).

ASSIST THOSE AFFECTED BY NATURAL DISASTER.

IN THE MIDDLE EAST, OPERATION BLESSING HAS AN OFFICE IN ISRAEL AND ALSO SUPPORTS SPECIAL PROJECTS IN OTHER CONFLICT-IMPACTED COUNTRIES LIKE PAKISTAN, LEBANON, IRAQ AND JORDAN. IN THIS REGION, OB SERVED BENEFICIARIES IN THE FOLLOWING AREAS: HUNGER RELIEF AND MEDICAL CARE. IN JORDAN, OB SUPPORTED A MEDICAL CLINIC AS WELL AS SUPPORTING IRAQI REFUGEE FAMILIES WITH MEDICAL CARE, FOOD, AND CHILD EDUCATION. 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. THROUGH PARTNERS, OB PROVIDED CARE TO REFUGEES IN LEBANON AND IRAQ.

IN NORTH AMERICA, OPERATION BLESSING HAS AN OFFICE LOCATED IN MEXICO. IN THIS REGION, BENEFICIARIES RECEIVED AID IN THE FOLLOWING AREAS: DISASTER RELIEF, HUNGER RELIEF, 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 THE REGION OF RUSSIA AND THE NEWLY INDEPENDENT STATES, OPERATION BLESSING HAS TWO OFFICES IN UKRAINE. OB CONTINUES TO SUPPORT A HEALTHCARE FACILITY IN THE CITY OF KIEV, WHICH PROVIDES A RANGE OF

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).

PRIMARY HEALTH SERVICES FOR FREE TO THOSE IN NEED. IN THIS REGION, OB ALSO SUPPORTED LIFE-CHANGING SURGERY CASES. OB ALSO PROVIDED AID TO THOSE SUFFERING DUE TO THE MILITARY CONFLICT IN THE REGION.

IN SOUTH AMERICA, OPERATION BLESSING HAS TWO OFFICES IN PERU AND CARRIES OUT PROGRAMS IN TWO REGIONS OF PERU: THE HIGHLANDS AND THE JUNGLE AREAS. OB ASSISTED RESIDENTS IN THE AREAS OF ANTI-TRAFFICKING, CLEAN WATER, VULNERABLE CHILDREN, MEDICAL CARE AND HUNGER RELIEF. ONGOING WATER PROJECTS PROVIDED COMMUNITIES WITH POTABLE WATER, WHILE CHILDREN AT RISK OF POVERTY AND MALNUTRITION BENEFITED FROM NUTRITIONAL FEEDING PROGRAMS, 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 AN OFFICE IN INDIA, AS WELL AS PARTNERS IN INDIA, SRI LANKA, AND NEPAL. IN THIS REGION, MEDICAL BRIGADES PROVIDED FREE HEALTH CARE TO PEOPLE IN REMOTE AREAS. IN INDIA, OB SUPPORTED LIFE-CHANGING SURGERIES, MICROENTERPRISE OPPORTUNITIES, AND WATER PROJECTS. THROUGH A PARTNER, OB ASSISTED FAMILIES IN SRI LANKA FOLLOWING A TERRORIST BOMBING.

IN SUB-SAHARAN AFRICA, OPERATION BLESSING HAS TWO OFFICES LOCATED IN KENYA, AS WELL AS OFFICES IN SENEGAL, GHANA, SOUTH AFRICA, AND NIGERIA, AND PARTNERSHIPS IN MANY OTHER COUNTRIES. IN THIS REGION, OB HELPED

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).

PEOPLE IN THE FOLLOWING AREAS: VULNERABLE CHILDREN, CLEAN WATER, HUNGER
RELIEF, AND DISASTER RELIEF IN KENYA, COMMUNITY HEALTH VOLUNTEERS
CONTINUE TO SERVE THEIR FRIENDS, FAMILY AND NEIGHBORS WITH HIGH-DEMAND
MEDICAL SUPPORT, SPECIALIZING IN USING CHLORINE TO TREAT WATER AND
PROVIDING PRENATAL EDUCATION. WITH PARTNER ORGANIZATIONS IN LIBERIA,
SOUTH SUDAN, UGANDA, NIGER, THE DEMOCRATIC REPUBLIC OF CONGO, AND IVORY
COAST, OB SUPPORTED ADDITIONAL PROGRAMS IN MEDICAL AID AND CLEAN WATER.
ADDITIONAL PARTNERSHIPS WERE MADE IN MOZAMBIQUE, ZAMBIA, AND ZIMBABWE TO
RESPOND TO NATURAL DISASTERS.

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.

▶ 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

OMB No. 1545-0047

2019

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) OBDRS							
977 CENTERVILLE TPKE, VA BEACH, VA 23463	41-2186581	501 (C) (3)	660,470.				DISASTER RELIEF
(2) THE CHRISTIAN BROADCASTING NETWORK, INC.							
977 CENTERVILLE TPKE, VA BEACH, VA 23463	54-0678752	501 (C) (3)	57,563.				ASSORTED CHARITABLE
(3) BETHEL CHURCH							
933 COLLEGE VIEW DRIVE REDDING, CA 96011	94-1514037	501 (C) (3)	15,508.				WILDFIRE RELIEF
(4) FEATHER VINE							
571 LAVERNE AVE. SANTA ROSA, CA 95404	82-1339705	501 (C) (3)	10,000.				WILDFIRE RELIEF
(5) GHENT AREA MINISTRY							
701 W. OLNEY RD. NORFOLK, VA 23507	26-0082182	501 (C) (3)	15,000.				HOMELESS RELIEF
(6) GOOD NEIGHBOR SETTLEMENT HOUSE							
1254 E. TYLER ST. BROWNSVILLE, TX 78520	74-1211654	501 (C) (3)	10,000.				HUMANITARIAN
(7) JOURNEY CHURCH TEXAS							
3939 GLADE VALLEY DR. KINGWOOD, TX 77345	27-1759408	501 (C) (3)	25,000.				HURRICANE RELIEF
(8) ONE CHURCH NASHVILLE, INC.							
P.O. BOX 1227 MT. JULIET, TN 37122	83-1614745	501 (C) (3)	8,000.				TORNADO RELIEF
(9) PARADISE ALLIANCE CHURCH							
6491 CLARK ROAD PARADISE, CA 95969	94-2350721	501 (C) (3)	8,128.				WILDFIRE RELIEF
(10) TRINITY CHURCH OF BEAUMONT							
10 INTERSTATE 10 N. BEAUMONT, TX 77702	74-2197286	501 (C) (3)	20,000.				STORM RELIEF
(11) TRIUMPH CHURCH, INC.							
1406 US HWY 69 NEDERLAND, TX 77627	76-0169889	501 (C) (3)	15,000.				STORM RELIEF
(12) UNITED WAY OF SOUTH HAMPTON ROADS							
2515 WALMER AVE. NORFOLK, VA 23513	54-0506322	501 (C) (3)	100,000.				VB SHOOTING RELIEF
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							12.
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) (2019)

JSA

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PAGE 44

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			38,490,955.	WHOLESALE	SEE SCH O
2	DISASTER RELIEF			359,407.	WHOLESALE	SEE SCH 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 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

2019

**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 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
1b		
2		
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) 2019

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					
1GORDON P. ROBERTSON DIRECTOR/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.	0.
	(ii)	574,256.	644.	3,564.	6,750.	22,011.	607,225.	0.	0.
2JAMES R. BARR, JR. VICE PRESIDENT, CFO	(i)	0.	0.	0.	0.	0.	0.	0.	0.
	(ii)	225,339.	322.	2,121.	2,654.	20,921.	251,357.	0.	0.
3MARVIN B. EDWARDS VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.	0.
	(ii)	228,081.	5,811.	4,117.	2,654.	8,112.	248,775.	0.	0.
4PAMELA R. ERICKSON VICE PRESIDENT THRU 6/6/19	(i)	133,896.	0.	44,638.	1,788.	601.	180,923.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.	0.
5STEVEN W. O'GRADY VICE PRESIDENT	(i)	152,976.	353.	2,067.	1,788.	8,112.	165,296.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.	0.
6RANDY J. MORELL SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,552.	363.	5,529.	2,423.	14,892.	226,759.	0.	0.
7WILLIAM F. HORAN FORMER DIR/PRESIDENT/COO	(i)	0.	0.	121,690.	0.	250.	121,940.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.	0.
8	(i)								
	(ii)								
9	(i)								
	(ii)								
10	(i)								
	(ii)								
11	(i)								
	(ii)								
12	(i)								
	(ii)								
13	(i)								
	(ii)								
14	(i)								
	(ii)								
15	(i)								
	(ii)								
16	(i)								
	(ii)								

Schedule J (Form 990) 2019

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 - \$121,690. AND PAMELA ERICKSON - \$41,731.

**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

2019

**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		4,317,699.	WHOLESALE ESTIMATE
6 Cars and other vehicles.	X	1.	25,000.	WHOLESALE ESTIMATE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13.	264,615.	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	1,601.	34,039,298.	WHOLESALE ESTIMATE
20 Drugs and medical supplies	X	21.	14,048,140.	WHOLESALE ESTIMATE
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MISCELLANEOUS)	X	2.	66,980.	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** 9.

	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) 2019

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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

2019

**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

A.E. ROBERTSON, DIRECTOR, IS THE MOTHER OF GORDON ROBERTSON, THE
PRESIDENT, WHO 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.

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

THE BOARD OF DIRECTORS WILL CONDUCT AN INDEPENDENT REVIEW OF THE

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

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 MEDICAL AND DENTAL BRIGADES, OB EQUIPS COMMUNITY MEMBERS TO BECOME COMMUNITY HEALTH VOLUNTEERS WHO CAN PROVIDE BASIC LIFESAVING SKILLS TO MEMBERS OF THEIR COMMUNITY FOR INJURY, ILLNESS, AND MORE.

OPERATION BLESSING WAS INSTRUMENTAL IN FEEDING HUNGRY PEOPLE AROUND THE WORLD IN FY20, INCLUDING SUPPORTING NUTRITIONAL FEEDING PROGRAMS IN COUNTRIES SUCH AS EL SALVADOR, HAITI, ISRAEL, KENYA, COLOMBIA, SOUTH AFRICA, THAILAND, AND UGANDA. TO HELP PEOPLE PUT FOOD ON THE TABLE,

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

OPERATION BLESSING EQUIPPED INDIVIDUALS WITH MARKETABLE JOB SKILLS, SMALL BUSINESS OPPORTUNITIES, AND LIFESKILLS IN COUNTRIES SUCH AS EL SALVADOR, MEXICO, HONDURAS, PAKISTAN, PERU, KENYA, CHINA, INDIA, MYANMAR, THE PHILIPPINES, SENEGAL, THAILAND, 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.

DURING FY20, OB RESPONDED TO NATURAL DISASTERS AND HUMAN CRISISES AROUND THE WORLD. THIS INCLUDES RESPONDING TO DISASTERS FROM LOCAL OFFICES IN 10 COUNTRIES AS WELL AS SUPPORTING PARTNERS IN RESPONDING IN AN ADDITIONAL 5 COUNTRIES. OB DEPLOYED INTERNATIONALLY IN RESPONSE TO HURRICANE DORIAN IN THE BAHAMAS AND THE VENEZUELAN REFUGEE CRISIS IN COLOMBIA.

IN 15 COUNTRIES AROUND THE WORLD, OB UTILIZED A VARIETY OF TECHNIQUES TO PROVIDE ACCESS TO WATER IN COMMUNITIES THROUGH WELLS AND COMMUNITY WATER SYSTEMS, DISINFECTING WATER THROUGH POINT OF USE CHLORINE GENERATION DEVICES, AND WATER FILTRATION. IN HAITI, CHLORINE PRODUCTION HELPED DISINFECT WATER AND PREVENT THE SPREAD OF DISEASE.

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 50 COMMUNITY-BASED PARTNERS IN DOZENS OF CITIES ACROSS THE U.S. THESE PARTNERS IN TURN SERVE MORE THAN 3,900 LOCAL FOOD PANTRIES AND HUNGER RELIEF AGENCIES NATIONWIDE. MILLIONS BENEFITED

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

DURING FY20 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
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

OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM ASSISTED FLOOD VICTIMS
IN BEAUMONT, TX; OCRACOE, NC; MIDLAND, MI; AND ROANOKE, VA. OPERATION
BLESSING'S DOMESTIC DISASTER RELIEF TEAM ALSO ASSISTED IN THE AFTERMATH
OF TROPICAL STORM ISAIAS BY PROVIDING AID TO COMMUNITIES IN SUFFOLK, VA;
FRANKLIN, VA; WINDSOR, NC; AND PHILADELPHIA, PA. IN RESPONSE TO THE
DERECHO THAT TORE THROUGH THE MIDWEST, OPERATION BLESSING'S DOMESTIC
DISASTER RELIEF TEAM RESPONDED WITH AID IN CEDAR RAPIDS, IA. OPERATION
BLESSING'S DOMESTIC DISASTER RELIEF TEAM ALSO HELPED VICTIMS OF MULTIPLE
TORNADOES BY SENDING TEAMS OF VOLUNTEERS AND/OR AID TO MOUNT JULIET, TN;
MONROE, LA; CHATTANOOGA, TN; AND CLEVELAND, TX.

IN THE WAKE OF THE COVID19 PANDEMIC, OPERATION BLESSING'S DOMESTIC
DISASTER RELIEF TEAM HELPED FIRST RESPONDER COMMUNITIES IN 6 STATES BY
PROVIDING CRITICAL SUPPLIES SUCH AS N95 MASKS AND SANITATION KITS.
OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM ALSO PROVIDED N95

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

MASKS TO OUR CHURCH PARTNER NETWORK IN 8 STATES IN ORDER TO ASSIST WITH
THEIR RE-OPENINGS.

FORM 990, PART VIII

OB RECEIVED \$16,679,652 IN CASH FROM THE CHRISTIAN BROADCASTING NETWORK,
INC., A RELATED ORGANIZATION, AND \$696,962 IN RENT AND SERVICES FOR A
TOTAL CONTRIBUTION RECEIVED OF \$17,376,614.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SUPPORT OF OTHER DOMESTIC CHARITIES	174,218.	174,218.	
TOTALS	<u>174,218.</u>	<u>174,218.</u>	

ATTACHMENT 2

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

EL SALVADOR

GUATEMALA

HAITI

HONDURAS

ISRAEL

JAPAN

KENYA

MEXICO

PERU

Name of the organization OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AK, CA,

FL, GA, LA, ME,

MN, NH, PA,

SC, TN, VA, WA, WV,

ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
STAFFMARK INVESTMENT LLC 201 EAST 4TH ST.; SUITE 800 CINCINNATI, OH 45202	STAFFING	161,610.
ROSLAN & CAMPION PR, LLC 424 WEST 33RD ST.; SUITE 620 NEW YORK, NY 10001	PUBLIC RELATIONS	112,530.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

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

2019Open to Public
Inspection

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)	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)	OB JAPAN 1-37-7 KAMISAKURAGI MIYAGI KEN, JA	HUMANITARIAN	JA			OB		X
(5)	OB HAITI #6 RUE TAMARIN, TABARRE 48 PORT-AU-PRINCE, HA	HUMANITARIAN	HA			OB		X
(6)	OB KENYA LIMITED VILLA FRANCA, MOMBASA RD. NAIROBI, KE 00200	HUMANITARIAN	KE			OB		X
(7)	OPERACION BENEFICION MEXICO, A.C. 11850 CIUDAD DE MEXICO CDMX, MX	HUMANITARIAN	MX			OB		X

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

Schedule R (Form 990) 2019

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.Name of the organization **OPERATION BLESSING INTERNATIONAL**
RELIEF AND DEVELOPMENT CORPORATIONEmployer identification number
54-1382657

OMB No. 1545-0047

2019Open to Public
Inspection**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) ASOCIACION OPERACION BENDICION 99-9999999 18 A VENIDA 8-24, ZONA 11 CIUDAD, GT	HUMANITARIAN	GT			OB	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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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)									

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s).	X	
c Gift, grant, or capital contribution from related organization(s).	X	
d Loans or loan guarantees to or for related organization(s).		X
e Loans or loan guarantees by related organization(s).		X
f Dividends from related organization(s).		X
g Sale of assets to related organization(s).		X
h Purchase of assets from related organization(s).		X
i Exchange of assets with related organization(s).		X
j Lease of facilities, equipment, or other assets to related organization(s).		X
k Lease of facilities, equipment, or other assets from related organization(s).		X
l Performance of services or membership or fundraising solicitations for related organization(s).		X
m Performance of services or membership or fundraising solicitations by related organization(s).		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
o Sharing of paid employees with related organization(s).		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses.		X
r Other transfer of cash or property to related organization(s).		X
s Other transfer of cash or property from related organization(s).		X

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	871,333.	CASH
(2)	OB HAITI	B	524,029.	CASH
(3)	OPERACION BENDICION MEXICO, A.C.	B	559,999.	CASH
(4)	ASOCIACION OPERACION BENDICION	B	409,824.	CASH
(5)	OB KENYA LIMITED	B	483,337.	CASH
(6)	OPERACION BENDICION MEXICO, A.C.	R	249,440.	WHOLESALE VALUE

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	1,581,181.	WHOLESALE VALUE
(2) OB HAITI	R	2,066,392.	WHOLESALE VALUE
(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)													

Part VII **Supplemental Information**

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