

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

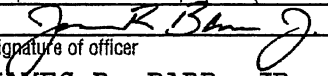
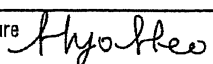
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 977 CENTERVILLE TURNPIKE City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23463 F Name and address of principal officer: GORDON ROBERTSON SAME AS C ABOVE	D Employer identification number 54-1382657 E Telephone number (757) 226-3401 G Gross receipts \$ 91,773,098. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.OB.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ L Year of formation: 1986 M State of legal domicile: VA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO DEMONSTRATE GOD'S LOVE BY ALLEVIATING HUMAN NEED AND SUFFERING WORLDWIDE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	117
6	Total number of volunteers (estimate if necessary)	6	1000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	84,080,354.	91,555,592.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,574.	1,322.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,577.	10,427.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,325,505.	91,567,341.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,663,522.	67,477,900.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,025,259.	8,960,784.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,971,888.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,622,754.	8,085,765.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,311,535.	84,524,449.
19	Revenue less expenses. Subtract line 18 from line 12	6,013,970.	7,042,892.
20	Total assets (Part X, line 16)	33,932,867.	35,286,743.
21	Total liabilities (Part X, line 26)	16,164,219.	10,475,203.
22	Net assets or fund balances. Subtract line 21 from line 20	17,768,648.	24,811,540.

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	Signature of officer  JAMES R. BARR, JR., VP - CFO Type or print name and title	Date 10/18/21			
Paid	Print/Type preparer's name HYO JIN HEO	Preparer's signature 	Date 10/18/21	Check if self-employed <input type="checkbox"/>	PTIN P01908608
Preparer	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
Use Only	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

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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 22, 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 20, and ending March 31, 20 21.
- 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	\$	0
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	\$	0
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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 27916D

Form **8868** (Rev. 1-2020)

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

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Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check 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 \$ **28,943,178.** including grants of \$ **23,612,606.**) (Revenue \$ **10,427.**)
INTERNATIONAL RELIEF: DURING FY21, OB HELD INTERNATIONAL MEDICAL BRIGADES THAT PROVIDED FREE MEDICAL CARE INCLUDING 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.

OB ALSO EQUIPS COMMUNITY MEMBERS TO BECOME COMMUNITY HEALTH VOLUNTEERS WHO CAN PROVIDE BASIC LIFESAVING SKILLS TO MEMBERS OF THEIR COMMUNITY FOR INJURY, ILLNESS, AND MORE. FOR MORE DETAILS, SEE SCHEDULE O.

4b (Code:) (Expenses \$ **48,104,106.** including grants of \$ **42,148,835.**) (Revenue \$)
OB'S HUNGER STRIKE FORCE: IN THE UNITED STATES, OB'S FLEET OF HUNGER STRIKE FORCE TRACTOR-TRAILERS TRAVELED THROUGHOUT THE COUNTRY AND DISTRIBUTED MORE THAN 44 MILLION POUNDS OF FOOD AND BEVERAGES TO FAMILIES IN NEED. BY WORKING CLOSELY WITH FOOD PROCESSING COMPANIES, GROWERS AND MANUFACTURERS, OB TAPS INTO AMERICA'S SURPLUS AND DELIVERS MUCH-NEEDED FOOD, BEVERAGES AND RELIEF SUPPLIES TO DISADVANTAGED FAMILIES AND DISASTER VICTIMS. FOR MORE DETAILS, SEE SCHEDULE O.

4c (Code:) (Expenses \$ **4,508,650.** including grants of \$ **1,579,105.**) (Revenue \$)
A FIRST RESPONDER IN TIMES OF DISASTER, OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM RESPONDED TO 18 U.S. DISASTERS IN FY21. OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM ASSISTED VICTIMS OF HURRICANE LAURA IN LAKE CHARLES, LA. IN THE WAKE OF THE COVID19 PANDEMIC, OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM HELPED FIRST RESPONDER COMMUNITIES AND CHURCHES IN 14 STATES BY PROVIDING CRITICAL SUPPLIES SUCH AS N95 MASKS AND SANITATION KITS. FOR MORE DETAILS, SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)
(Expenses \$ **137,354.** including grants of \$ **137,354.**) (Revenue \$)

4e Total program service expenses **81,693,288.**

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RELIEF AND DEVELOPMENT CORPORATION**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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RELIEF AND DEVELOPMENT CORPORATION**

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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>	22 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>	23 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36 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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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	1a 45	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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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	117
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	
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)?	4a	X
b If "Yes," enter the name of the foreign country SEE SCHEDULE O 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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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?	12a	
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?	13a	
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?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X		
13 Did the organization have a written whistleblower policy?	13	X		
14 Did the organization have a written document retention and destruction policy?	14	X		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a	X		
b Other officers or key employees of the organization	15b	X		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**

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. - 757-226-3401
977 CENTERVILLE TURNPIKE , VIRGINIA BEACH, VA 23463

**OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

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

Check if Schedule O contains a response or note to any line in this Part VII ☒ 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 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.	601,136.	28,205.
(2) JAMES R. BARR JR. VICE PRESIDENT/CFO	5.00 45.00			X				0.	246,593.	19,825.
(3) MARVIN B. EDWARDS VICE PRESIDENT	20.00 35.00			X				0.	249,783.	12,972.
(4) RANDY J. MORELL SECRETARY	1.00 49.00			X				0.	224,644.	19,410.
(5) RONDA F. SHERMAN VICE PRESIDENT	60.00 0.00			X				178,099.	0.	3,933.
(6) STEVEN W. O'GRADY VICE PRESIDENT	50.00 0.00			X				164,989.	0.	11,414.
(7) JEFFREY C. WESTLING CHIEF OF STAFF	55.00 0.00					X		167,109.	0.	3,633.
(8) ANTHONY S. LLOYD SR. DIR. - U.S. DISASTER REAL.	50.00 0.00					X		120,311.	0.	3,479.
(9) BRIDGET HART REGIONAL PHILANTHROPY MANAGER	50.00 0.00					X		112,473.	0.	10,794.
(10) RONALD C. OATES DIR. - HUMANITARIAN RELIEF	40.00 0.00					X		114,889.	0.	2,383.
(11) NINETTE MOODY REGIONAL PHILANTHROPY MANAGER	50.00 0.00					X		109,603.	0.	690.
(12) A.E. ROBERTSON DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) THOMAS DAUGHERTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) CHERYL P. MCLESKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DAVID MELILLI DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DAVID PENTECOST DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) G. CONOLY PHILLIPS DIRECTOR (UNTIL 4/22/20)	1.00 0.00	X						0.	0.	0.

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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 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			
1b Subtotal								967,473.	1,322,156.	116,738.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								967,473.	1,322,156.	116,738.

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 7

	Yes	No
3 Did the organization list any former officer, director, 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
STAFFMARK INVESTMENT LLC, 201 EAST 4TH ST.; SUITE 800, CINCINNATI, OH 45202	STAFFING	171,305.
ROSLAN & CAMPION PR, LLC 200 BROADWAY, 3RD FLOOR, NEW YORK, NY 10038	PUBLIC RELATIONS	122,760.

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

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 4,134.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 11,431,124.			
	e Government grants (contributions)	1e 78,938.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 80,041,396.			
	g Noncash contributions included in lines 1a-1f	1g \$ 60,784,783.			
	h Total. Add lines 1a-1f		91,555,592.		
	Business Code				
Program Service Revenue	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,102.		3,102.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real (ii) Personal			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 7a 203,977.			
	b Less: cost or other basis and sales expenses	7b 205,757.			
	c Gain or (loss)	7c -1,780.			
	d Net gain or (loss)		-1,780.		-1,780.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a INTERNATIONAL REVENUE	Business Code 900099	10,427.	10,427.	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		10,427.		
	12 Total revenue. See instructions		91,567,341.	10,427.	0.

**OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	529,597.	529,597.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,335,697.	43,335,697.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	23,612,606.	23,612,606.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	358,435.	176,403.		182,032.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,896,166.	5,655,761.	197,802.	1,042,603.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,080.	116,690.	4,363.	12,027.
9 Other employee benefits	1,012,019.	848,933.	20,596.	142,490.
10 Payroll taxes	561,084.	449,699.	15,525.	95,860.
11 Fees for services (nonemployees):				
a Management	54,628.	53,364.	525.	739.
b Legal	101,401.	19,133.	82,000.	268.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,108,303.	839,004.	254,961.	14,338.
12 Advertising and promotion	213,753.	111,903.		101,850.
13 Office expenses	762,869.	443,161.	7,426.	312,282.
14 Information technology	132,997.	102,348.	756.	29,893.
15 Royalties				
16 Occupancy	1,107,759.	1,087,399.	19,230.	1,130.
17 Travel	516,779.	512,935.		3,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,810.	10,365.		2,445.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	198,581.	171,581.	27,000.	
23 Insurance	677,369.	495,732.	176,895.	4,742.
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	1,804,486.	1,804,486.		
b SMALL EQUIPMENT & PARTS	885,026.	869,791.	12,844.	2,391.
c TAXES AND LICENSES	321,085.	307,670.	4,996.	8,419.
d MEDICAL EXPENSES	29,762.	29,762.		
e All other expenses	158,157.	109,268.	34,354.	14,535.
25 Total functional expenses. Add lines 1 through 24e	84,524,449.	81,693,288.	859,273.	1,971,888.
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 ☐ if following SOP 98-2 (ASC 958-720)

**OPERATION BLESSING INTERNATIONAL
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Part X Balance Sheet

Check 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	14,305,348.	1	2,495,159.
	2 Savings and temporary cash investments	307,718.	2	16,780,551.
	3 Pledges and grants receivable, net	1,996,004.	3	2,748,986.
	4 Accounts receivable, net	188,315.	4	467,342.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,815,610.	8	10,454,770.
	9 Prepaid expenses and deferred charges	528,900.	9	811,345.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,620,178.	10a	
	b Less: accumulated depreciation	4,704,032.	10b	
		584,701.	10c	916,146.
	11 Investments - publicly traded securities		11	111,278.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	206,271.	15	501,166.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,932,867.	16	35,286,743.	
Liabilities	17 Accounts payable and accrued expenses	989,590.	17	884,335.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	15,174,629.	25	9,590,868.
	26 Total liabilities. Add lines 17 through 25	16,164,219.	26	10,475,203.
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	4,230,155.	27	11,574,762.
	28 Net assets with donor restrictions	13,538,493.	28	13,236,778.
	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	17,768,648.	32	24,811,540.
	33 Total liabilities and net assets/fund balances	33,932,867.	33	35,286,743.

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**OPERATION BLESSING INTERNATIONAL
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Part XI Reconciliation of Net Assets

Check 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	91,567,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,524,449.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,042,892.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,768,648.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	24,811,540.

Part XII Financial Statements and Reporting

Check 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** (2020)

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

2020

Open to Public
Inspection

Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number <div style="border: 1px solid black; padding: 2px;">54-1382657</div>
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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		
Total						

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	346016145	276217670	116231440	84080354.	91555592.	914101201
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	346016145	276217670	116231440	84080354.	91555592.	914101201
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)						420788896
6 Public support. Subtract line 5 from line 4.						493312305

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	346016145	276217670	116231440	84080354.	91555592.	914101201
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,461.	62,809.	138,556.	186,653.	3,102.	402,581.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						914503782
12 Gross receipts from related activities, etc. (see instructions)					12	202,240.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	53.94 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	54.61 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 ☐

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 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 lines 3b and 3c below.*
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the 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 line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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.		
2a		
b Did the activities described in line 2a, above, 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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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.)

(This area is intentionally left blank for supplemental information.)

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

2020

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 ▶ \$

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

Schedule D (Form 990) 2020

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Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
-----------------	---

- 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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> 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 ☐

	Amount
1c	
1d	
1e	
1f	

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					
a 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:

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

- 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.	1,454,999.	1,429.
c Leasehold improvements		371,087.	355,992.	15,095.
d Equipment		2,487,043.	2,117,777.	369,266.
e Other		931,596.	775,264.	156,332.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				916,146.

Schedule D (Form 990) 2020

**OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Schedule D (Form 990) 2020

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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. (Col. (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. (Col. (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	9,580,603.
(3) OTHER	10,265.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,590,868.

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 ... ☒

Schedule D (Form 990) 2020

**OPERATION BLESSING INTERNATIONAL
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Schedule D (Form 990) 2020

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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.

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

**OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Employer identification number

54-1382657

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	4	87	PROGRAM SERVICES	INDIGENT & DISASTER	22,154,170.
EAST ASIA AND THE PACIFIC	14	110	PROGRAM SERVICES	INDIGENT & DISASTER	2,516,382.
EUROPE	0	0	PROGRAM SERVICES	INDIGENT RELIEF	43,350.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INDIGENT RELIEF	685,738.
NORTH AMERICA	1	14	PROGRAM SERVICES	INDIGENT & DISASTER	884,758.
RUSSIA AND NEIGHBORING STATES	1	1	PROGRAM SERVICES	INDIGENT RELIEF	324,348.
SOUTH AMERICA	3	18	PROGRAM SERVICES	INDIGENT RELIEF	602,254.
SOUTH ASIA	1	7	PROGRAM SERVICES	INDIGENT RELIEF	469,016.
3 a Subtotal	24	237			27,680,016.
b Total from continuation sheets to Part I	5	27			1,263,162.
c Totals (add lines 3a and 3b)	29	264			28,943,178.

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

Schedule F (Form 990) 2020

**OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Schedule F (Form 990)

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Page 1

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	5	27	PROGRAM SERVICES	INDIGENT & DISASTER	1,263,162.
Totals	5	27			1,263,162.

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)
			CENTRAL AMERICA	ANTI-TRAFFICKING	67,022.	WIRE	0.		
			CENTRAL AMERICA	DISASTER RELIEF	40,000.	WIRE	0.		
			CENTRAL AMERICA	DISASTER RELIEF	12,900.	WIRE	0.		
			CENTRAL AMERICA	HUMANITARIAN	72,334.	WIRE	0.		
			EAST ASIA	HUMANITARIAN	881,718.	WIRE	0.		
			EAST ASIA	HUMANITARIAN	194,584.	WIRE	0.		
			EAST ASIA	HUMANITARIAN	377,084.	WIRE	0.		
			EAST ASIA	HUMANITARIAN	83,068.	WIRE	0.		

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

3 Enter total number of other organizations or entities

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

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Schedule F (Form 990)

Part IIContinuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)										
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)	
			EAST ASIA	HUMANITARIAN	74,712.	WIRE	0.			
			EAST ASIA	HUMANITARIAN	339,281.	WIRE	0.			
			EAST ASIA	HUMANITARIAN	130,834.	WIRE	0.			
			EUROPE	HUMANITARIAN	44,350.	WIRE	0.			
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.			
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.			
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.			
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.			
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.			
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.			

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RELIEF AND DEVELOPMENT CORPORATION

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Schedule F (Form 990)

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 Part II	(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)
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	24,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	20,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule F (Form 990) Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 54-1382657 Page 2

Part II	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)
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	24,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
				MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

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Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
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)
			MIDDLE EAST	HUMANITARIAN	10,000.	WIRE	0.		
			MIDDLE EAST	HUMANITARIAN	8,000.	WIRE	0.		
			MIDDLE EAST	OPPRESSED RELIEF	212,538.	WIRE	0.		
			MIDDLE EAST	SYRIAN REFUGEES	26,600.	WIRE	0.		
			MIDDLE EAST	SYRIAN REFUGEES	90,000.	WIRE	0.		
			RUSSIA	DISASTER RELIEF	21,000.	WIRE	0.		
			RUSSIA	HUMANITARIAN	216,787.	WIRE	0.		
			SOUTH ASIA	HUMANITARIAN	7,132.	WIRE	0.		
			SOUTH ASIA	HUMANITARIAN	10,810.	WIRE	0.		

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RELIEF AND DEVELOPMENT CORPORATION

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Schedule F (Form 990)

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 Part II	(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)
			SOUTH ASIA	HUMANITARIAN	34,839.	WIRE	0.		
			SOUTH ASIA	HUMANITARIAN	82,023.	WIRE	0.		
			SOUTH ASIA	HUMANITARIAN	343,661.	WIRE	0.		
			SOUTH ASIA	WATER PROGRAMS	80,000.	WIRE	0.		
			SOUTH ASIA	ANTI-TRAFFICKING	30,082.	WIRE	0.		
			AFRICA	HUMANITARIAN	115,276.	WIRE	0.		
			AFRICA	HUMANITARIAN	144,800.	WIRE	0.		
			AFRICA	HUMANITARIAN	40,344.	WIRE	0.		
			AFRICA	HUMANITARIAN	28,766.	WIRE	0.		

RELIEF AND DEVELOPMENT CORPORATION

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Schedule F (Form 990)	
Part II	RELIEF AND DEVELOPMENT CORPORATION
Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	

[illegible]

**OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION**

Schedule F (Form 990) 2020

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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) 2020

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)

CENTRAL AMERICA AND THE CARIBBEAN, OPERATION BLESSING HAS OFFICES LOCATED IN THE COUNTRIES OF GUATEMALA, COSTA RICA, 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 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, AND LIFE-CHANGING SURGERIES. IN JAPAN, INDONESIA, THE PHILLIPINES, AND THAILAND, OB RESPONDED TO ASSIST THOSE AFFECTED BY NATURAL DISASTER.

IN THE MIDDLE EAST, OPERATION BLESSING SUPPORTS SPECIAL PROJECTS IN OTHER CONFLICT-IMPACTED COUNTRIES LIKE LEBANON AND JORDAN. IN THIS

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.

REGION, OB SERVED BENEFICIARIES IN THE FOLLOWING AREAS: HUNGER RELIEF AND MEDICAL CARE. IN JORDAN, OB SUPPORTED A MEDICAL CLINIC AS WELL AS SUPPORTING REFUGEE FAMILIES WITH MEDICAL CARE, FOOD, AND CHILD EDUCATION. THROUGH A PARTNER, OB RESPONDED TO THE BEIRUIT EXPLOSION IN LEBANON.

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 INSTALLED RAINWATER HARVESTING SYSTEMS AND ACTED AS FIRST RESPONDERS TO THE RELIEF EFFORTS OF NATURAL DISASTERS THROUGHOUT THE COUNTRY.

IN THE REGION OF RUSSIA AND NEIGHBORING STATES, OPERATION BLESSING HAS AN OFFICE IN UKRAINE. IN PART OF 2020, OB SUPPORTED A HEALTHCARE FACILITY IN THE CITY OF KIEV WHICH PROVIDED A RANGE OF PRIMARY HEALTH SERVICES FOR FREE TO THOSE IN NEED. IN THIS REGION, OB ALSO SUPPORTED LIFE-CHANGING SURGERY CASES AND DISASTER RELIEF ACTIVITIES PROVIDING AID TO THOSE SUFFERING DUE TO THE MILITARY CONFLICT IN THE REGION.

IN SOUTH AMERICA, OPERATION BLESSING HAS THREE 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, SEXUAL ABUSE PREVENTION TRAINING. IN PERU, HEALTH PROGRAMS HAVE A SPECIAL FOCUS ON MATERNAL/CHILD HEALTH, AS WELL AS

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

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Schedule F (Form 990) 2020

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.

MEDICAL BRIGADES.

IN SOUTH ASIA, OPERATION BLESSING HAS AN OFFICE IN INDIA, AS WELL AS PARTNERS IN INDIA AND NEPAL. IN THIS REGION, MEDICAL BRIGADES PROVIDED FREE HEALTH CARE TO PEOPLE IN REMOTE AREAS. IN INDIA, OB SUPPORTED LIFE-CHANGING SURGERIES, PERMANENT CLINICS, MICROENTERPRISE OPPORTUNITIES, AND WATER PROJECTS.

IN SUB-SAHARAN AFRICA, OPERATION BLESSING OFFICES IN KENYA, SENEGAL, GHANA, SOUTH AFRICA, AND NIGERIA, AND PARTNERSHIPS IN OTHER COUNTRIES. IN THIS REGION, OB HELPED 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.

SCHEDULE F, PART III, COLUMN (C)
OPERATION BLESSING SENT OVER \$18M IN MEDICINES AND MEDICAL SUPPLIES (INCLUDING N-95 FACE MASKS IN RESPONSE TO COVID) TO OUR OVERSEAS MINISTRY PARTNERS DURING FY21. THESE MEDICINES WERE DONATED TO HOSPITALS WITHIN THE REGION. BECAUSE OF THE NATURE OF OUR INTERNATIONAL GIK DISTRIBUTION, THERE IS NO WAY TO ACCURATELY ESTIMATE THE NUMBER OF INDIVIDUAL BENEFICIARIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number
54-1382657

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

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
THE CHRISTIAN BROADCASTING NETWORK, INC. - 977 CENTERVILLE TPKE - VIRGINIA BEACH, VA 23463	54-0678752	501(C)(3)	102,713.	0.			ASSORTED CHARITABLE
OBDRS 977 CENTERVILLE TPKE VIRGINIA BEACH, VA 23463	41-2186581	501(C)(3)	50,710.	0.			DISASTER RELIEF
ABUNDANT LIFE CHRISTIAN CENTER OF LA MARQUE, INC. - 601 DELANY ROAD - LA MARQUE, TX 77568	76-0164062	501(C)(3)	15,000.	0.			HUMANITARIAN
BETHEL CHURCH 933 COLLEGE VIEW DRIVE REDDING, CA 96011	94-1514037	501(C)(3)	12,803.	0.			WILDFIRE RELIEF
BROWNSVILLE ASSEMBLY OF GOD CHURCH 3100 WEST DESOTO ST. PENSACOLA, FL 32505	59-2312999	501(C)(3)	20,000.	0.			HURRICANE RELIEF
CHRISTIAN WORLD MINISTRIES 2001 EAST GAUTHIER RD. LAKE CHARLES, LA 70607	72-1449863	501(C)(3)	10,000.	0.			HURRICANE RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CITY HOPE CHURCH 10063 ROCKWELL SCHOOL DR. SPANISH FORT, AL 36527	63-1192762	501(C)(3)	32,000.	0.			HURRICANE RELIEF
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)(3)	6,000.	0.			TORNADO RELIEF
FULLER CENTER DISASTER REBUILDERS, INC. - 10 ARROWHEAD RD. - DANVERS, MA 01923	26-3704583	501(C)(3)	10,000.	0.			HURRICANE RELIEF
GULF SHORES UNITED METHODIST CHURCH - 1900 GULF SHORES PKWY. - GULF SHORES, AL 36542	63-0856358	501(C)(3)	20,000.	0.			HURRICANE RELIEF
HARVEST FOR LOST SOULS OUTREACH MINISTRY - 3395 HIGHLAND AVE. - BEAUMONT, TX 77705	76-0693225	501(C)(3)	15,000.	0.			HURRICANE RELIEF
HASER, INC. P.O. BOX 368035 SAN JUAN, PR 00936	66-0861655	501(C)(3)	28,000.	0.			HUMANITARIAN
LIBERTY CHURCH, INC. 2221 S. BLUE ANGEL PKWY. PENSACOLA, FL 32506	23-7062057	501(C)(3)	10,000.	0.			HURRICANE RELIEF
LIVING WORD CHRISTIAN CENTER 1639 RYAN STREET LAKE CHARLES, LA 70601	72-1384022	501(C)(3)	7,500.	0.			HURRICANE RELIEF
LOUISIANA FAMILY FORUM 655 ST. FERDINAND BATON ROUGE, LA 70802	72-1416555	501(C)(3)	10,000.	0.			HURRICANE RELIEF

Schedule I (Form 990)

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
MERCY CHIEFS, INC. 711 WASHINGTON ST. PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	25,000.	0.			DISASTER RELIEF
OCRACOE INTERFIATH RELIEF AND RECOVERY TEAM - 459 LIGHTHOUSE ROAD, PMB 415 - OCRACOE, NC 27960	84-4637563	501(C)(3)	104,893.	0.			HURRICANE RELIEF
ONE HOPE 379 COBURG RD - SUITE B EUGENE, OR 97401	20-5994687	501(C)(3)	11,000.	0.			WILDFIRE RELIEF
VALLEY CHURCHES UNITED P.O. BOX 367 BEN LOMOND, CA 95005	77-0163322	501(C)(3)	15,000.	0.			WILDFIRE RELIEF

Schedule I (Form 990)

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 2

Schedule I (Form 990) 2020

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 noncash assistance
HUNGER STRIKE FORCE	0	0.	42,148,835.	WHOLESALE	SEE SCHEDULE O
DISASTER RELIEF	0	0.	1,186,862.	WHOLESALE	SEE SCHEDULE O

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.

PART III, COLUMN (B):

OB'S FLEET OF HUNGER STRIKE FORCE TRACTOR-TRAILERS TRAVELED THROUGHOUT

Part IV Supplemental Information

THE COUNTRY DURING FY21 AND DISTRIBUTED MORE THAN 44 MILLION POUNDS OF FOOD AND BEVERAGES TO FAMILIES IN NEED VIA OUR NETWORK OF MINISTRY PARTNERS. OPERATION BLESSING'S DOMESTIC DISASTER RELIEF TEAM RESPONDED TO 18 U.S. DISASTERS IN FY21. WE DID THIS BY DEPLOYING STAFF IN RESPONSE TO HURRICANE LAURA AND BY SENDING RELIEF SUPPLIES AND MAKING GRANTS TO OTHER ORGANIZATIONS IN RESPONSE TO OTHER DISASTERS. OUR DOMESTIC DISASTER RESPONSE INCLUDED THE DISTRIBUTION OF CRITICAL SUPPLIES SUCH AS N-95 MASKS AND SANITATION KITS TO MINISTRY PARTNERS IN 14 STATES. BECAUSE OF THE VARIED NATURE OF OUR HUNGER STRIKE FORCE AND DISASTER RELIEF RESPONSE, THERE IS NO WAY TO ACCURATELY ESTIMATE THE NUMBER OF INDIVIDUAL BENEFICIARIES.

**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

2020

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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		

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

Schedule J (Form 990) 2020

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

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

[illegible]

OPERATION BLESSING INTERNATIONAL
 RELIEF AND DEVELOPMENT CORPORATION

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.

PART I, LINE 4A:

OPERATION BLESSING PROVIDED \$41,234 IN SEVERANCE PAYMENTS TO RONALD C.

OATES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **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.**

Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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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		3,908,673.	WHOLESALE ESTIMATE
6 Cars and other vehicles	X	11	216,507.	WHOLESALE ESTIMATE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	317,035.	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	1,323	38,164,644.	WHOLESALE ESTIMATE
20 Drugs and medical supplies	X	21	18,177,924.	WHOLESALE ESTIMATE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
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 V, Donee Acknowledgement	29	5
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- 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?
- 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?
- 32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 2

Schedule M (Form 990) 2020

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number
54-1382657

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OPERATION BLESSING WAS INSTRUMENTAL IN FEEDING HUNGRY PEOPLE AROUND THE
WORLD IN FY21, ESPECIALLY IN REPSONSE TO THE FOOD INSECURITY FROM
COVID-19. FOOD WAS DISTRIBUTED IN CAMBODIA, COSTA RICA, GUATEMALA,
HAITI, HONDURAS, INDONESIA, KENYA, MEXICO, MYANMAR, PERU, PHILIPPINES,
SOUTH AFRICA, THAILAND, UKRAINE, AND VIETNAM. TO HELP PEOPLE PUT FOOD
ON THE TABLE, OPERATION BLESSING EQUIPPED INDIVIDUALS WITH MARKETABLE
JOB SKILLS, SMALL BUSINESS OPPORTUNITIES, AND LIFESKILLS IN COUNTRIES
SUCH AS HONDURAS, INDIA, GUATEMALA, AND THAILAND. 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 FY21, 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
COUNTRIES LIKE FIJI AND LEBANON.

IN RESPONSE TO THE COVID-19 CRISIS, OB CONDUCTED OPERATIONS IN 18
COUNTRIES INCLUDING CHLORINE PRODUCTION, DISTRIBUTIONS OF MASKS AND
PPE, AND THE INSTALATION OF HANDWASHING STATIONS, TO HELP FIGHT THE
VIRUS.

IN COUNTRIES AROUND THE WORLD, OB UTILIZED A VARIETY OF TECHNIQUES TO
PROVIDE ACCESS TO WATER IN COMMUNITIES THROUGH WELLS AND COMMUNITY

Name of the organization	OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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WATER SYSTEMS, DISINFECTING WATER THROUGH POINT OF USE CHLORINE
GENERATION DEVICES, AND WATER FILTRATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 90 COMMUNITY-BASED PARTNERS IN DOZENS OF
CITIES ACROSS THE U.S. THESE PARTNERS IN TURN SERVE A ROBUST NETWORK OF
LOCAL FOOD PANTRIES AND HUNGER RELIEF AGENCIES NATIONWIDE. 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. 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, PROGRAM SERVICE ACCOMPLISHMENTS:

OPERATION BLESSING'S DOMESTIC DISASTER RELIEF DEPLOYED IN RESPONSE TO
HURRICANE LAURA. OPERATION BLESSING ALSO DELIVERED CRITICAL RELIEF
SUPPLIES IN RESPONSE TO A DERECHO IN IOWA, TORNADOES IN LOUISIANA,
TENNESE, ALABAMA, TEXAS, FLOODING IN VIRGINIA, KENTUCKY, AND MICHIGAN,
HURRICANES ISAIAS, SALLY, DELTA, LAURA, AND ZETA, AND WINTER STORM URI
IN TEXAS. ADDITIONAL SUPPORT IN THE FORM OF GRANTS WAS PROVIDED FOR THE
OREGON AND CALIFORNIA FIRES.

IN THE WAKE OF THE COVID-19 PANDEMIC, OPERATION BLESSING'S DOMESTIC
DISASTER RELIEF TEAM HELPED FIRST RESPONDER COMMUNITIES AND CHURCH

Name of the organization	OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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PARTNERS IN 14 STATES BY PROVIDING CRITICAL SUPPLIES SUCH AS N95 MASKS
AND SANITATION KITS.

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

SUPPORT OF OTHER DOMESTIC CHARITIES

EXPENSES \$ 137,354. INCLUDING GRANTS OF \$ 137,354. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

EL SALVADOR, GUATEMALA, HAITI, HONDURAS,

ISRAEL, JAPAN, KENYA, MEXICO,

PERU

FORM 990, PART VI, SECTION A, 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, SECTION B, 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, SECTION B, 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

Name of the organization	OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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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, SECTION B, LINE 15:

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,CA,FL,GA,LA,ME,MN,NH,PA,SC,TN,VA,WA,WV

FORM 990, PART VI, SECTION C, 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 VIII

OB RECEIVED \$11,431,124 IN CASH FROM THE CHRISTIAN BROADCASTING NETWORK, INC., A RELATED ORGANIZATION, AND \$873,203 IN RENT AND SERVICES FOR A TOTAL CONTRIBUTION RECEIVED OF \$12,304,327.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

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

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

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open 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

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
THE CHRISTIAN BROADCASTING NETWORK, INC. - 54-0678752, 977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463	CHRISTIAN BROADCASTING	VIRGINIA	501 (C) (3) 7	N/A			X
OB DISASTER RELIEF SERVICES, INC. - 41-2186581, 977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463	DISASTER AID	VIRGINIA	501 (C) (3) 12	OB		X	
OB JAPAN - 99-9999999 1-37-7 AMISAKURAGI MIYAGI KEN, JAPAN	HUMANITARIAN	JAPAN		OB		X	
OB HAITI - 99-9999999 #6 RUE TAMARIN, TABARRE 48 PORT-AU-PR, HAITI	HUMANITARIAN	HAITI		OB		X	

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

Schedule R (Form 990) 2020

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule R (Form 990)

54-1382657

Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III

[illegible]

Part IV

[illegible]

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

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)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m	X	
1n	X	
1o		X
1p	X	
1q		X
1r	X	
1s		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	902,116.CASH	
(2) OB HAITI		B	742,294.CASH	
(3) OPERACION BENDICION MEXICO, A.C.		B	681,041.CASH	
(4) ASOCIACION OPERACION BENDICION		B	536,184.CASH	
(5) OB KENYA LIMITED		B	375,597.CASH	
(6) ASOCIACION OPERACION BENDICION		R	7,081,138.WHOLESALE VALUE	

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule R (Form 990)

54-1382657

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) OB HAITI	R	7,190,212.	WHOLESALE VALUE
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

[illegible]

Part VII Supplemental Information

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