Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Department of the Treasury

	nal Revenu		1 2022				inspection		
			a 1, 2023 and	enaing M	AR 31, 2024				
	Check if pplicable:	C Name of organization			D Employer	identificat	ion number		
	Address	OPERATION BLESSING INTERNATIONAL							
	change Name				_				
	change	Doing business as			54-13	882657			
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone	number			
	Final return/	977 CENTERVILLE TURNPIKE			(757)	226-3401			
	termin- ated	City or town, state or province, country, and Zl	IP or foreign postal code		G Gross receipts \$ 77,188,388				
	Amende return	VIRGINIA BEACH, VA 23463			H(a) Is this a	group retu	rn		
	Application	F Name and address of principal officer: Goldbox	ROBERTSON		1	rdinates?			
	pending	SAME AS C ABOVE			H(b) Are all sub	ordinates inclu	ded? Yes No		
1 3	Гах-ехе	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ' '		t. See instructions		
JΙ	Nebsite	: WWW.OB.ORG			H(c) Group e	xemption n	umber		
KF	orm of o	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 19		tate of legal domicile; VA		
		Summary		, mar 1 0 d.	or rolling to	110, 5	aco or regar dominone.		
	1 E	Briefly describe the organization's mission or most s	ignificant activities: TO DEM	ONSTRATE	GOD'S LOVE	ВУ			
Se	. A	ALLEVIATING HUMAN NEED AND SUFFERING WO							
nan	2 0		inued its operations or dispos	end of more	than 25% of its	e not accet			
Governance	3 1	Number of voting members of the governing body (F			111011 25/0 01 10	1 1	5.		
ô	4 1	Number of independent voting members of the gove	, , ,						
		otal number of individuals employed in calendar year					131		
ties							1000		
Activities &		otal number of volunteers (estimate if necessary)							
Ä		Total unrelated business revenue from Part VIII, colu				1 1	0.		
	D	Net unrelated business taxable income from Form 99	90-1, Part I, line 11		Dries Vee		0.		
	١, ,	2001		-	Prior Year		Current Year		
ne	8 (89,46		75,185,705.		
eni	9 F					0.	0.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, a				0,209.	1,565,744.		
_	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			8,105.	17,992.			
		Total revenue - add lines 8 through 11 (must equal P				1,546.	76,769,441.		
		Grants and similar amounts paid (Part IX, column (A)			62,86		57,606,759.		
		Benefits paid to or for members (Part IX, column (A),	10,343,847.		12,323,634.				
S	15 8		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), lin			0.	0.			
ğ	. БП	Total fundraising expenses (Part IX, column (D), line	25) 4,600,	831.					
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 1	l 1f-24e)		14,15	2,209.	12,735,158.		
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		87,35	6,984.	82,665,551.		
	19 F	Revenue less expenses. Subtract line 18 from line 12	2		2,72	4,562.	-5,896,110.		
Net Assets or	g g			Ве	ginning of Curre	nt Year	End of Year		
sets	20	Total assets (Part X, line 16)			55,69	6,504.	42,830,635.		
AS	21	Total liabilities (Part X, line 26)			15,85	6,297.	8,886,538.		
Ref	22 1	Net assets or fund balances. Subtract line 21 from li	ne 20		39,84	0,207.	33,944,097.		
Pá	art II	Signature Block							
Und	ler penal	ties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	s and statem	ents, and to the b	est of my kr	lowledge and belief, it is		
true	, correct	, and complete. Declaration of preparer (other than officer)	is based on all information of w	nich preparer	has any knowled	lge.			
		Son D.			10	1/8/20	4		
Sig	n [Signature of officer			Date		·		
Her	I.	JAMES R. BARR, JR., VP - CFO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	- 1		Busin Kensur		10/18/2024	if self-employed	P02061479		
	- H	Firm's name KPMG LLP		Firm's EIN 13-5565207					
	Only	Firm's address 8350 BROAD STREET, SUITE 90	00			J LIIV 23			
230	,	MCLEAN, VA 22102			Dhon	e no.703-2	86-8000		
Mar	the IP	S discuss this return with the preparer shown above	2 See instructions		[F11011	5 IIU. 7 0 5 Z	T 1		
IVIA	y uie in	O discuss this return with the preparer shown above					Yes No		



Department of the Treasury Internal Revenue Service Ogden, UT 84201-0074

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Notice	CP211A
Tax period	March 31, 2024
Notice date	August 26, 2024
Employer ID number	54-1382657
To contact us	Phone 877-829-5500
Page 1 of 1	



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

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Important information about your March 31, 2024, Form 990

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

We approved the Form 8868 for your March 31, 2024, Form 990, Return of Organization Exempt From Income Tax.
Your new due date is February 15, 2025.

What you need to do

File your March 31, 2024, Form 990 by February 15, 2025, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020. You may use software offered by visiting IRS.gov/eomefproviders.

Additional information

- Visit IRS.gov/cp211a.
- Go to IRS.gov/charities or call 877-829-5500 to learn more about electronic filing requirements.
- · Keep this notice for your records.

*** PUBLIC INSPECTION COPY *** OPERATION BLESSING INTERNATIONAL

INTERNATIONAL RELIEF: DURING FY24, 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 COTTET RESOURCE POOR AREAS BENEFITING CHILDREN AND ADDURS ALIES, OB PROVIDED MANY LIFE-CHANGING SURGERIES SUCH AS CLEFT LIF AND PALATE, CATARACT AND MORE TO THOSE IN NEED. FOR MORE DETAILS, SEE SCHEDULE O. 40 (Code:		1990 (2023) RELIEF AND DEVELOPMENT CORPORATION	54-1382657	Page 2
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ALEVIATE HUMAN NEED AND SUPERING 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 ct? Yes		Check if Schedule O contains a response or note to any line in this Part III		X
WOLD 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 990E27 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, as measured by expenses. Section 5016(s) and 5016(s) droganizations concomplishments for each of its three largest program services, as measured by expenses. Section 5016(s) and 5016(s) droganizations are required to report the amount of grants and allocations to others, the total expenses, and resource, if any, for each program service expenses. Section 5016(s) and 5016(s) droganizations are required to report the amount of grants and allocations to others, the total expenses, and resource. International RELIEF, DURKING F724, of BRIDD INTERNATIONAL MEDICAL BRIGADES THAT PROVIDED PREE MEDICAL CARE INCLIDING GENERAL MEDICAL AND DEBTAL SERVICES, OR ALSO DISTRIBUTED MEDICALINE AND MEDICAL SUPPLIES TO PARTHERS FOR AREAS BENEFITTING CHILDSEN AND ADDICS ALIES, OF FROVIDED MATY LIFE-CHANGING SURGERIES SUCH AS CLEAF LIFE THAT PLAIRS, CATABACT AND MORE TO THOSE IN NEED, FOR MORE DETAILS, SEE SCHEDULE O. 40 (Code) (General Section Section Life Section	1	•		
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Form 990 (2023) RELIEF AND DEVELOR

Part IV | Checklist of Required Schedules

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 3

	chominator required consumo			Γ
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	٠٠		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		
ıza	, ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	, ,	12b	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		21	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	_ A
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	21	
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	444	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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		Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Х	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			•
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2023) RELIEF AND DEVELO RELIEF AND DEVELOPMENT CORPORATION Page 4 54-1382657

Pal	Crecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 4 a	last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			.,
	"Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 68 Enter the number of Forms W 2G included on line 1a Fator 0, if not applicable			
b	Efficient the flutifiber of Portins W-2G included of filler 1a. Efficience 1-0-11 flot applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(gambling) winnings to prize winners?	l IC		

Form 990 (2023) RELIEF AND DEVELOPMENT CORPORATION 54-1382657

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 SEE SCHEDULE O If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 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 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). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

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Form **990** (2023)

<u> Page</u> **5**

Form 990 (2023)

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 6

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 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0 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 X Upon request Own website Another's website 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. 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, 23463

Form **990** (2023)

Form 990 (2023) RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 7

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Ler ar	lu a u	recto	i / ii us	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or director	In stit utio nal tru stee	<u>~</u>	Key employee	Highest compensated employee	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) GORDON P. ROBERTSON	2.00									
PRESIDENT/DIRECTOR	58.00	Х		Х				0.	645,192.	22,347.
(2) JAMES R. BARR JR.	5.00									
VICE PRESIDENT/CFO	50.00			Х				0.	278,315.	22,439.
(3) MARVIN B. EDWARDS	20.00									
VICE PRESIDENT	35.00			Х				0.	265,903.	11,807.
(4) RANDY J. MORELL	1.00									
SECRETARY	49.00			Х				0.	230,669.	22,439.
(5) DREW P. FRIEDRICH III	50.00									
CHIEF OPERATING OFFICER	0.00				Х			198,375.	0.	21,512.
(6) STEVEN W. O'GRADY	50.00									
VICE PRESIDENT (UNTIL 2/13/24)	0.00			Х				172,364.	0.	11,807.
(7) RONDA F. SHERMAN	55.00									
VICE PRESIDENT	0.00			Х				176,804.	0.	402.
(8) JEFFREY C. WESTLING	58.00									
CHIEF OF STAFF (UNTIL 2/13/24)	0.00				Х			173,684.	0.	402.
(9) HOLLY E. COMBS	50.00									
DIR INTEGRATED MEDIA	0.00					Х		109,679.	0.	30,971.
(10) ANTHONY S. LLOYD	50.00									
SR. DIR U.S. DISASTER REL.	0.00					Х		120,886.	0.	1,591.
(11) BRIDGET HART	50.00									
REGIONAL PHILANTHROPY MGR	0.00					Х		109,798.	0.	12,388.
(12) CHASE DELANS	50.00									
DIR INTERNATIONAL PROGRAMS	0.00					Х		104,945.	0.	11,786.
(13) MASON PIGUE	50.00									
DIR INTL DISASTER RELIEF	0.00					Х		100,639.	0.	773.
(14) THOMAS DAUGHERTY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) CHERYL P. MCLESKEY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) DAVID MELILLI	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) DAVID PENTECOST	1.00									
DIRECTOR	0.00	Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023)
Part VII Section RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 8

Section A. Officers, Directors,		ploy	ees,			gnes	τC	ompensated Employee	s (continued)				
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average	(do		Posi heck i) than o	ne	Reportable	Reportable	- 1		stimate	
	hours per	box	, unles	ss per	son i	s both or/trust	an	compensation	compensation		ar	nount	of
	week (list any				-	1		from	from related			other	4:
	hours for	ndividual trustee or director						the	organization (W-2/1099-MIS			pensa om th	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	- 1		anizat	
	organizations	ruste	ıl trus		ee ee	mpen		1099-NEC)	1099-1120)		_	d relat	
	below	dual t	Institutional trustee	_	nploy	st col	je	10001120)				anizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				3		
										\longrightarrow			
										\rightarrow			
										\longrightarrow			
										\dashv			
										\longrightarrow			
1b Subtotal								1,267,174.	1,420,	079.		170,	664.
c Total from continuation sheets to Pa	art VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,267,174.	1,420,	079.		170,	664.
2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization												V	10
2 Did the exceptation list only former	fficer director truct	aa 1			0.70		b:a	best compensated smal	0.400 0.0	Г		Yes	No
3 Did the organization list any former o			•	•	•		_	•	•		_		Х
line 1a? If "Yes," complete Schedule J											3		Α
4 For any individual listed on line 1a, is t	•		•					•	•		4	х	
and related organizations greater than			•							·····	4	21	
5 Did any person listed on line 1a receiv	·				•			•			5		Х
rendered to the organization? If "Yes. Section B. Independent Contractors	<u>" complete Scheaul</u>	e J T	or su	icn r	<u>oers</u>	on .					3		
Complete this table for your five higher	est compensated inc	depe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	pensati	ion fro	om	
the organization. Report compensatio	n for the calendar ye	ear e	ndin	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A Name and bus	•							(B) Description of s	orvicos	C,)) onno) nsatio	n
AFFORDABLE LOGISTICS SERVICES	illess address						\dashv	Description of s	ei vices		ompe	iisalio	"
92 TRENOL HEIGHTS ROAD, MILTON, N	WV 25541						-	EQUIPMENT REFURBIS	нмелт			128,	934
ROSLAN & ASSOCIATES PR. LLC							\dashv	<u> </u>				,	
200 BROADWAY, 3RD FLOOR, NEW YOR	K, NY 10038							PUBLIC RELATIONS				122,	760.
	•												
2 Total number of independent contract	tors (including but n	ot lir	nited	d to t	thos	se list	ed:	above) who received mo	ore than				
\$100,000 of compensation from the o	` •					2		•					

Form **990** (2023)

Form 990 (2023) RELIEF AND
Part VIII Statement of Revenue

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 9

		Chack if Schodulo O contains a response or	noto to any lin	o in this Dart VIII			
		Check if Schedule O contains a response or	l lote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts its	1	a Federated campaigns1a					
irar		b Membership dues 1b					
, M		c Fundraising events1c					
iifts ar A			9,266,673.				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e	106,967.				
Sir		f All other contributions, gifts, grants, and	·				
uti			5,812,065.				
ri Ott			2,279,493.				
no.		-		75,185,705.			
O e		h Total. Add lines 1a-1f	usiness Code	73,103,703.			
		_	dusiness Code				
ice	2	a					
erv Ie		b					
S		c					
ar		d					
Program Service Revenue		e					
P		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
		other similar amounts)		1,568,168.			1,568,168.
	4	7	I I	, ,			· · · ·
	5		ı				
	"		(ii) Personal				
			(ii) i crooriai				
		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 (i) Securities	(ii) Other				
		assets other than inventory 7a 402,910.	13,613.				
		b Less: cost or other basis					
ne		and sales expenses 7b 409,179.	9,768.				
/en		c Gain or (loss) 7c 6,269.	3,845.				
Revenue		d Net gain or (loss)		-2,424.			-2,424.
er		a Gross income from fundraising events (not					
G		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 allowances10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
"		В	usiness Code				
Miscellaneous Revenue	11	a REBATES AND RECYCLING	900099	17,931.	0.	0.	17,931.
ne Due		b INTERNATIONAL REVENUE	900099	61.	61.	0.	0.
ella							
isc		d All other revenue					
Σ		e Total. Add lines 11a-11d		17,992.			
	12			76,769,441.	61.	0.	1,583,675.
	14	I OTAL TOTORIAGE COOL III SU UCUONO		, , •		ı	_,===,0,0,

332009 12-21-23

Form **990** (2023)

Form 990 (2023) RELIEF AND DEVELOPMENT CORPORATION

Part IX Statement of Functional Expenses

AND DEVELOPMENT CORPORATION 54-1382657

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 (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,417,135 1,417,135 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 40,943,696. 40,943,696 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 15,245,928 15,245,928. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 177,206. trustees, and key employees 755,349 184,170. 393,973. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 98,425 9,302,603. 7,328,650. 1,875,528. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,598 40,598 1,481,689 1,116,898 14,881 349,910. 9 Other employee benefits 743,395 585,909. 7,530 149,956. 10 Payroll taxes Fees for services (nonemployees): Management 99,688 96,288 3,400 Legal 104,846 17,396 87,450 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 846,328 723,486 72,606 50,236. column (A), amount, list line 11g expenses on Sch O.) 428,524 142,262, 600 285,662. Advertising and promotion 12 1,216,052 330,432 873,997. 11,623 13 Office expenses 211,297 124,239 5,874 81,184. 14 Information technology Royalties 15 1,618,388 1,594,948 23,440 16 Occupancy 1,605,785 1,510,453 43,399 51,933. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 71,929. 77,639. 307. 5,403. Conferences, conventions, and meetings 19 34,405. 34,405 20 Payments to affiliates _____ 21 911,618 820,319, 91,299 22 Depreciation, depletion, and amortization 906,632. 658,021. 241,088 7,523. 23 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.) TRUCK EXPENSES 2,132,277 2,132,277. 0. 0. SMALL EQUIPMENT & PARTS 1,056,084 1,039,976 14,987. 1,121. 6,286. TAXES AND LICENSES 432,772 422,218. 4,268. С 102,929. 3,110 MEDICAL EXPENSES 106,039. 946,784 233,189 26,691 686,904. All other expenses е 4,600,831. 82,665,551 76,917,751. 1,146,969 Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2023)

Page 10

Form 990 (2023)

Part X | Balance Sheet RELIEF AND DEVELOPMENT CORPORATION

54-1382657 Page **11**

Part :	Х	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,363,673.	1	230,833
	2	Savings and temporary cash investments			31,752,237.	2	29,106,17
	3	Pledges and grants receivable, net			3,465,859.	3	3,607,63
	4	Accounts receivable, net			550,204.	4	356,93
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	7,314,093.	8	2,214,36		
ž	9	Down and all access are all all affective all all access as			765,986.	9	901,40
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	5,496,065.			
	b	Less: accumulated depreciation	. 10b	4,274,034.	1,959,676.	10c	1,222,03
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, line	11			12	
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		7,524,776.	15	5,191,24	
_ 1	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	55,696,504.	16	42,830,63
1	17	Accounts payable and accrued expenses			1,371,876.	17	1,575,42
1	18	Grants payable			18		
1	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Complete	of Schedule D		21		
ပ္က 2	22	Loans and other payables to any current or for	mer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		22	
- 2	23	Secured mortgages and notes payable to unre	elated thir	d parties	951,565.	23	720,14
2	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D		<u> </u>	13,532,856.		6,590,962
2	26				15,856,297.	26	8,886,53
ړ		Organizations that follow FASB ASC 958, ch	neck here	X			
<u> </u>		and complete lines 27, 28, 32, and 33.			14 526 400		16 000 50
<u>a</u> 2	27	Net assets without donor restrictions			14,536,499.	27	16,000,50
2 2	28	Net assets with donor restrictions			25,303,708.	28	17,943,59
Ĭ		Organizations that do not follow FASB ASC	958, che	ck here			
-		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current fund				29	
3 3	30	Paid-in or capital surplus, or land, building, or				30	
<u>ا</u> ب	31	Retained earnings, endowment, accumulated			20 040 000	31	22 044 000
_	32	Total net assets or fund balances			39,840,207.	32	33,944,09
3	33	Total liabilities and net assets/fund balances			55,696,504.	33	42,830,635 Form 990 (202

Form **990** (2023)

*** PUBLIC INSPECTION COPY *** OPERATION BLESSING INTERNATIONAL

Form	1990 (2023) RELIEF AND DEVELOPMENT CORPORATION	54-138265	7	Pa	ge 12
Pa	rt 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		,769,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,665,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	,896,	110.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	,840,	207.
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	33	,944,	097.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OPERATION BLESSING INTERNATIONAL

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

OMB No. 1545-0047

Employer identification number

2023

Open to Public Inspection

		RELIEF	AND DEVELOPMEN	T CORPORATION					54-1382657			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The (organ	ization is not a private found										
1		A church, convention of chi	urches, or associatio	n of churches described	lin sectio	n 170(b)(1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative		•	• • •	(b)(1)(A)(ii	i).					
4	H	A medical research organization					•	(iii). Enter	the hospital's name.			
•		city, and state:	anon operated in ee.	, amonomom man a moopman	4000,11004	000110		(,e.	ino noopna o namo,			
5		An organization operated for	or the benefit of a col	lege or university owned	l or operati	ed by a go	vernmental u	nit describe	ad in			
3		section 170(b)(1)(A)(iv). (C		lege of differently owned	or operati	ca by a go	verninentaru	iii describe	24 111			
_						70/L\/4\/A\	(- A)					
6	X	A federal, state, or local gov	-						andalla da anda anda al-			
′		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
_		section 170(b)(1)(A)(vi). (C	•	(4VAV 1) (0 I I D								
8	H	A community trust describe			•							
9		An agricultural research org				-		-	-			
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
		university:										
10		An organization that norma										
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investmen	ıt		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section &	509(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а			nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	omplete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness .			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	racciactions									
g	Prov	vide the following information							•			
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of	monetary	(vi) Amount of othe			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	ns)		
[nta												

Schedule A (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 2

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.)

Sec	tion A. Public Support	,, p.o		•••			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(=, == : =	(-,	(-,	(-)	(5) = 5 = 5	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	84,080,354.	91,555,592.	96,471,241.	89,463,232.	75,185,705.	436,756,124.
2	Tax revenues levied for the organ-						
	ization'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	84,080,354.	91,555,592.	96,471,241.	89,463,232.	75,185,705.	436,756,124.
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)						124,776,372.
6	Public support. Subtract line 5 from line 4.						311,979,752.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	84,080,354.	91,555,592.	96,471,241.	89,463,232.	75,185,705.	436,756,124.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	186,653.	3,102.	3,969.	579,416.	1,568,168.	2,341,308.
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						439,097,432.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	60,384.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		•	***		14	71.05 %
	Public support percentage from 2022					15	67.04 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		Ш
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
40	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i. 16b. 17a. or 17b	check this box ar	nd see instructions	.

RELIEF AND DEVELOPMENT CORPORATION Schedule A (Form 990) 2023

54-1382657

Page 3

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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-) :	(-,	(-,	(-)
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
						+	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u></u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
ı	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	1 7

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	50		
	4a		
L	4b		
	4c		
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RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Schedule A (Form 990) 2023 Page 5 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations N<u>o</u> Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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 3 <u>supported organizations played in this regard</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes 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 on 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 2b these activities but for the organization's involvement. 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. За 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.

Schedule A (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Schedule A (Form 990) 2023 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions)

RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Schedule A (Form 990) 2023 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

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Schedule A	(Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION	54-1382657	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a. 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additing (See instructions.)	s 1 and 2; Part IV, Sectio t V, Section B, line 1e; P	n C,

Schedule A (Form 990) 2023

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.

2023
Open to Public Inspection

Name of the organization

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION

Employer identification number 54-1382657

Pa	t I Organizations Maintaining Donor Advised		or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			········ —
	for charitable purposes and not for the benefit of the donor or			
			•	Yes No
Pai		anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		•	
	Preservation of land for public use (for example, recreati		f a historically	important land area
	Protection of natural habitat	· —	-	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а			2a	
b	T. I			
c	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included on line 2c acquir			
-	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			during the tax
	year	assa, extinguished, or terminated by the	organization	daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it I	- · · · · · · · · · · · · · · · · · · ·		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
-	g,			y
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easemen	ts during the vear
	3, 1 3,	3		3 ,
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)	
			,,,,,,,	Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement a	ınd balance sl	neet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	urtherance of	oublic
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			\$
2	If the organization received or held works of art, historical treas			·
_	the following amounts required to be reported under FASB AS	•	J, p. 5.100	
а	Revenue included on Form 990, Part VIII, line 1	_		\$
	Assets included in Form 990, Part X			\$

332051 09-28-23

Schedule D (Form 990) 2023

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Sche	dale D (1 01111 330) 2020	DEVELOPMENT CO					-1382657	Paç	ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other	r Similar As	sets (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that	make si	gnificant use o	f its		
	collection items (check all that apply).								
а	Public exhibition	(d Loan or e	exchange progra	am				
b	Scholarly research	•	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organization	n's exen	npt purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical tr	easures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "	Yes" on I	Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for contribut	ions or other as	sets not	included			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amou	nt	
С	Beginning balance					. 1c			
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liabili	ity?	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if	the organization an	swered "Yes" on	orm 990, Part	IV, line 10	0.			
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back (e) Foi	ur years ba	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administer	ed for th	е			
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule F	??			3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent	<u></u>	<u></u>		<u> </u>			
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other (b) C	ost or other	(c) A	ccumulated	(d) Bo	ok value	
		basis (investi	ment) bas	sis (other)	de	preciation			
1a	Land								
	Buildings	I		78,264.		78,264.			0.
	Leasehold improvements			538,547.		429,869.		108,6	78.
	Equipment			2,833,199.		2,465,926.		367,2	73.
	Other	I		2,046,055.		1,299,975.		746,0	80.
	. Add lines 1a through 1e. (Column (d) must e		X line 10c colur	nn (B))			1	,222,0	31.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 RELIEF AND DEVELO	54-1	.382657 Page 3	
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			
(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, line 12, col. (B))			
Part VIII Investments - Program Related.	5 000 B 1 B 1 B	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" of			
(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, line 13, col. (B))			
Part IX Other Assets	5 000 B 1 B 1 B	44 0 5 000 5 1 1 1 1	
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	(h) Daalaasha
	Description		(b) Book value
(1) RIGHT OF USE ASSETS			4,735,542.
(2) OTHER ASSETS			455,700.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		5,191,242.
	Faura 000 David IV/ live a	11 11f Co. Faura 000 Dark V line 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Deedership
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 000 0:-
(2) ACCRUED RENT AND LEASE LIABILITIES			4,820,845.
(3) DEFERRED GIFTS IN KIND			1,217,534.
(4) OTHER			552,583.
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

6,590,5

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) 2023

332053 09-28-23

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION Schedule D (Form 990) 2023 Page 4 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 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 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 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 2c Other losses **d** Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 D (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identi	fication number
OPERATION BLESSING INT						
RELIEF AND DEVELOPMENT					54-1382657	
		ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part IV						
=	-		ds to substantiate the amount of its gra			—
the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's i	procedures for monitoring the use of its	s grants and ot	ner assistance out	side the
	o following Dort	L line 2 table of	on he dunlicated if additional anges is n	oodod)		
3 Activities per Region. (The	(b) Number of		n be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
(4)	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND				INDIGENT &	DISASTER	
THE CARIBBEAN	4	36	PROGRAM SERVICES	RELIEF		6,307,953.
EAST ASIA AND THE				INDIGENT &	DISASTER	
PACIFIC	14	129	PROGRAM SERVICES	RELIEF		2,764,701.
EUROPE (INCLUDING				INDIGENT &	DISASTER	
ICELAND & GREENLAND)	3	3	PROGRAM SERVICES	RELIEF		1,961,589.
MIDDLE EAST AND			DROGDAM GERMANIA	TAID TOTAL	MAD DELTER	1 514 201
NORTH AFRICA	0	0	PROGRAM SERVICES	INDIGENT &	WAR RELIEF	1,514,201.
				INDIGENT &	DISASTER	
NORTH AMERICA	1	18	 PROGRAM SERVICES	RELIEF		2,682,604.
	_					
RUSSIA AND				UKRAINE REI	FUGEE &	
NEIGHBORING STATES	1	4	PROGRAM SERVICES	DISASTER RE	ELIEF	3,636,943.
SOUTH AMERICA	3	18	PROGRAM SERVICES	INDIGENT RE	ELIEF	998,462.
SOUTH ASIA	1		PROGRAM SERVICES	INDIGENT RE	ELIEF	870,742.
3 a Subtotal	27	216				20,737,195.
b Total from continuation	_					1 560 051
sheets to Part I	5	37				1,768,271.
c Totals (add lines 3a	32	253				22 505 466

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Schedule F (Form 990) 2023

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Schedule F (Form 990) Page 1 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (b) Number of (a) Region (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region for region agents in program services, grants to describe specific type recipients located in the region) of service(s) in region region INDIGENT & DISASTER SUB-SAHARAN AFRICA PROGRAM SERVICES RELIEF 1,768,271. 5 37 1,768,271. **Totals**

Schedule F (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 2

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

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 AND THE CARIBBEAN	UIIMANT TAD TAN	195,136.	MIDE	0.		
		AND THE CARIBBEAN	HOMANITAKIAN	193,130.	MIKE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN	40,099.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LIFE CHANGING SURGERIES	15,000.	WIRE	0.		
		EAST ASIA AND THE	HUMANITARIAN	710,643.	MIDE	0.		
		EAST ASIA AND THE	HUMANITARIAN	465,701.		0.		
		EAST ASIA AND THE	HUMANITARIAN	445,285.		0.		
		EAST ASIA AND THE PACIFIC	HUMANITARIAN	397,067.	WIRE	0.		
		EAST ASIA AND THE	HUMANITARIAN	261,496.	WIRE	0.		

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

32

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

OPERATION BLESSING INTERNATIONAL

Schedule F (Form 990) RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 2

	F (Form 990)		AND DEVELOPMENT CO		54-1382657 Page 2						
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States. (Schedule F (Form 990), Part II, line 1)						
1 (a) Nam	ne 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, FM appraisal, other)		
			EAST ASIA AND THE PACIFIC	HUMANITARIAN	145,212.	WIRE	0.				
					110,111.		9.				
			EAST ASIA AND THE								
			PACIFIC	HUMANITARIAN	55,385.	WIRE	0.				
			EAST ASIA AND THE								
			PACIFIC	HUMANITARIAN	42,433.	WIRE	0.				
			EAST ASIA AND THE								
			PACIFIC	HUMANITARIAN	38,138.	WIRE	0.				
			EAST ASIA AND THE								
			PACIFIC	HUMANITARIAN	24,194.	WIRE	0.				
			L								
			EAST ASIA AND THE PACIFIC	DISASTER RELIEF	8,803.	WTRE	0.				
			11101110		0,000.	n I I I					
			EUROPE (INCLUDING								
			ICELAND &								
			GREENLAND)	HUMANITARIAN	115,806.	WIRE	0.				
			EUROPE (INCLUDING								
			ICELAND &								
			GREENLAND)	EARTHQUAKE RELIEF	60,000.	WIRE	0.				
			MIDDLE EAST AND								
				ISRAEL RELIEF	454,454.	WIRE	0.				

332182 04-01-23

OPERATION BLESSING INTERNATIONAL

Schedule F (Form 990) RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 2

chedule F (Form 990)	KDDIDI A	AND DEVELOTMENT CO	JAI GIGITION	54 1302037					
Part II Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FN appraisal, other)	
		L							
		MIDDLE EAST AND NORTH AFRICA	IRAQ REFUGEE RELIEF	241,391.	WIDE	0.			
		NORTH AFRICA	TRAQ REFOGEE REDIEF	241,331.	WIKE	0.			
		MIDDLE EAST AND	MEDICAL CLINIC IN						
		NORTH AFRICA	JORDAN	120,000.	WIRE	0.			
		NORTH AMERICA	DISASTER RELIEF	14,551.	WIRE	0.			
		RUSSIA AND NEIGHBORING	HUMANITARIAN WITHIN						
		STATES	UKRAINE	1,801,669.	WIRE	0.			
		RUSSIA AND							
		NEIGHBORING STATES	UKRAINIAN REFUGEE RELIEF	199,320.	WIDE	0.			
		DIAIES	KEDIEF	155,520.	WIKE	0.			
		RUSSIA AND							
		NEIGHBORING	UKRAINIAN REFUGEE						
		STATES	RELIEF	26,719.	WIRE	0.			
		SOUTH AMERICA	DISASTER RELIEF	10,000.	WIRE	0.			
		SOUTH ASIA	HUMANITARIAN	747,438.	WIRE	0.			
		SOUTH ASIA	HUMANITARIAN	42,339.	WTRE	0.			
		r		-2,555.	[·	1			

332182 04-01-23

OPERATION BLESSING INTERNATIONAL

Schedule F (Form 990) RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 2

chedule F (Form 990)					34 130	Page		
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
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, FN appraisal, other)
		SUB-SAHARAN AFRICA	HUMANITARIAN	200 701	MIDE	0		
		AFRICA	HUMANITARIAN	398,781.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	HUMANITARIAN	271,532.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEAN WATER PROGRAMS	166,660.	WIRE	0.		
		SUB-SAHARAN		00 220		0		
		AFRICA	HUMANITARIAN	80,330.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	HUMANITARIAN	52,940.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	SUDAN REFUGEE RELIEF	6,449.	WIRE	0.		

332182 04-01-23

Schedule F (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance CENTRAL AMERICA HUMANITARIAN RELIEF AND THE CARIBBEAN 0 0 3,781,420. SEE PART V WHOLESALE EUROPE (INCLUDING ICELAND & HUMANITARIAN RELIEF GREENLAND) 0 0. 1,343,120, SEE PART V WHOLESALE HUMANITARIAN RELIEF NORTH AMERICA 0 0. 891,452. SEE PART V WHOLESALE RUSSIA AND NEIGHBORING UKRAINIAN RELIEF -STATES HUMANITARIAN RELIEF 0. 773,631. SEE PART V WHOLESALE 0 247,377. SEE PART V WHOLESALE SOUTH AMERICA 0. HUMANITARIAN RELIEF 0 SUB-SAHARAN AFRICA HUMANITARIAN RELIEF 0. 254,284. SEE PART V WHOLESALE 0 MIDDLE EAST AND NORTH AFRICA 285,632. SEE PART V WHOLESALE HUMANITARIAN RELIEF 0 0.

Schedule F (Form 990) 2023

Page 3

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RELIEF AND DEVELOPMENT CORPORATION Schedule F (Form 990) 2023 F
Part IV Foreign Forms

54-1382657

Page 4

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

Schedule F (Form 990) 2023

OPERATION BLESSING INTERNATIONAL

Schedule F (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 5

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.

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 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,

MYANMAR AND THE PHILIPPINES, OB RESPONDED TO ASSIST THOSE AFFECTED BY

NATURAL DISASTER.

IN EUROPE, OPERATION BLESSING RESPONDED TO THE DEVASTATING EARTHQUAKE

IN TURKEY WITH RELIEF AND LONG-TERM CARE SUCH AS A COMMUNITY CENTER AND

SMALL BUSINESSES. OPERATION BLESSING ALSO SUPPORTS AN AFFILIATE WITH

HUNGER RELIEF PROGRAMS IN THE BALKANS. IN GREECE, A PARTNER IS

SUPPORTED FOR REFUGEE CARE. IN PORTGUAL AND THE UK FURTHER HUNGER

RELIEF PROGRAMS ARE OPERATED. ADDITIONAL REFUGEE CARE WAS DONE IN

POLAND,

332075 11-29-23 Schedule F (Form 990) 2023

OPERATION BLESSING INTERNATIONAL

Schedule F (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Page 5

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.

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. IN THE MIDDLE EAST AND NORTH AFRICA, OPERATION BLESSING DEPLOYED TEAMS AND PROVIDED ADDITIONAL FUNDING TO ASSIST IN THE HUMANITARIAN RESPONSE TO THE WAR IN ISRAEL. WE ALSO SUPPORT SPECIAL PROJECTS IN OTHER CONFLICT-IMPACTED COUNTRIES LIKE JORDAN AS WELL AS DISASTER RELIEF IN MOROCCO. IN THIS REGION. OB SERVED BENEFICIARIES IN THE FOLLOWING AREAS: HUNGER RELIEF AND MEDICAL CARE. IN JORDAN, OB SUPPORTED A MEDICAL CLINIC AS WELL AS SUPPORTED REFUGEE FAMILIES WITH MEDICAL CARE FOOD, AND CHILD EDUCATION. IN MOROCCO, FOLLOWING A DEVASTATING EARTHQUAKE, OB PROVIDED FOOD, CLEAN WATER, AND SANITATION TO REMOTE COMMUNITIES DEVASTATED BY THE DISASTER. 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, PROVIDED MEDICAL BRIGADES AND LAUNCHED COMMUNITY GARDENS. OPERATION BLESSING RESPONDED TO HURRICANE OTIS AFTER IT DEVASTATED ACAPULCO AND THE SURROUNDING COMMUNITIES PROVIDING MEDICAL CARE, FOOD, AND CLEAN WATER. IN THE REGION OF RUSSIA AND NEIGHBORING STATES, OPERATION BLESSING HAS AN OFFICE IN UKRAINE. IN THIS REGION, OB ALSO SUPPORTED LIFE-CHANGING SURGERY CASES. OPERATION BLESSING FORMALLY OPENED ITS POLAND OFFICE IN JUNE 2022 AND CONTINUED LONG TERM RECOVERY EFFORTS THROUGH FOOD AND NON-FOOD DISTRIBUTIONS, PROVISION OF HOT MEALS AND THROUGH THE DISTRIBUTION OF HEATERS AND SOLID FUEL.

332075 11-29-23 Schedule F (Form 990) 2023

OPERATION BLESSING INTERNATIONAL

Schedule F (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 5

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. 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, AND SEXUAL ABUSE PREVENTION TRAINING. IN PERU, HEALTH PROGRAMS HAVE A SPECIAL FOCUS ON MATERNAL/CHILD HEALTH. AS WELL AS MEDICAL BRIGADES. OPERATION BLESSING ALSO RESPONDED TO WILDFIRES IN CHILE, PROVIDING FOOD, REBUILDING HOMES, AND RESTORING SMALL BUSINESSES. IN SOUTH ASIA, OPERATION BLESSING HAS AN OFFICE AND ASSORTED PARTNERS IN INDIA. 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 HAS 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. PROVIDING PRENATAL EDUCATION AND LIFE CHANGING SURGERIES. FAMINE AND CONFLICT RESPONSE WAS DONE BY DISASTER RELIEF TEAMS IN KENYA AND NIGERIA.

SCHEDULE F, PART V

Schedule F (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION	54-1382657	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	ting mothod: amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation. See instructions.	
OPERATION BLESSING SENT OVER \$6M IN WHOLESALE VALUE OF MEDICINES AND		
MEDICAL CURRITION OF COURT OVERGERS MINISTRY PARTITIONS OF THE STATE O		
MEDICAL SUPPLIES TO OUR OVERSEAS MINISTRY PARTNERS DURING FY24. THESE		
MEDICINES WERE DONATED TO HOSPITALS WITHIN THE REGION. WE ALSO		
CONDUCTED ADDITIONAL MEDICAL AND FEEDING PROJECTS WHICH HELPED PEOPLE		
CONDUCTED INDITIONAL INDICATE THE LEADING TWO DELTS WILLIAM INDICATED		
IN NEED. BECAUSE OF THE NATURE OF OUR INTERNATIONAL GIK DISTRIBUTION		
AND OTHER HUMANITARIAN PROJECTS, THERE IS NO WAY TO ACCURATELY ESTIMATE		
,		
THE NUMBER OF TRETUTRIAL REPORTS		
THE NUMBER OF INDIVIDUAL BENEFICIARIES.		

Schedule F (Form 990) 2023

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.

OPERATION BLESSING INTERNATIONAL

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

OMB No. 1545-0047

Open to Public Inspection

ame of the organization OPERATION BLESSING INTERNATIONAL Employer identification number							
	RELIEF AND DEVELOPMENT CORPORATION 54-1382657						
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							
criteria used to award the grants or assis	tance?						Yes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					onization anguared "V	Yeall on Form 000 Dort	IV line 21 for any
recipient that received more than \$					anization answered Y	es on Form 990, Part	iv, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OPERATION BLESSING DISASTER RELIEF SERVICES - 977 CENTERVILLE TPKE - VIRGINIA BEACH, VA 23463	41-2186581	501(C)(3)	330,380.	0.			DISASTER RELIEF
FAMILY LIFE CENTER 95 SOUTH KANE STREET KAHULUI, HI 96732	99-0225042		1,028,000.	0.			HAWAII FIRE RELIEF
MERCY UNLIMITED, INC. 38 E. AUGLAIZE ST. WAPAKONETA, OH 45895	34-1749288	501(C)(3)	40,000.	0.			OHIO TORNADO RELIEF
VIRGINIA SYMPHONY 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	54-6000598	501(C)(3)	16,667.	0.			SPONSORSHIP OF MESSIAH
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-						

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION

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.	39,680,583.	WHOLESALE	SEE SCHEDULE O
DISASTER RELIEF	0	0.	1,263,113.	WHOLESALE	SEE SCHEDULE O
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	

PART I, LINE 2:

Part III

OPERATION BLESSING MONITORS DOMESTIC 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.

FORM 990 SCHEDULE I PART IV

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

THE COUNTRY DURING FY24 AND DELIVERED MORE THAN 28 MILLION POUNDS OF

Schedule I (Form 990) 2023

54-1382657

Page 2

332102 11-01-23

Schedule I (Form 990) RELIEF AND DEVELOPMENT CORPORATION	54-1382657	Page 2
Part IV Supplemental Information		
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 FY24. WE DID THIS BY DEPLOYING STAFF IN		
RESPONSE TO HURRICANE IDALIA IN FLORIDA AND BY SENDING RELIEF SUPPLIES		
AND MAKING GRANTS TO OTHER ORGANIZATIONS IN RESPONSE TO OTHER		
DISASTERS. BECAUSE OF THE VARIED NATURE OF OUR HUNGER STRIKE FORCE AND		
DOMESTIC DISASTER RELIEF RESPONSE, THERE IS NO WAY TO ACCURATELY		
ESTIMATE THE NUMBER OF INDIVIDUAL BENEFICIARIES.		

Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Employer identification number 54-1382657

	_	RELIEF AND DEVELOPMENT CORPORATION	54-1362657		
to Check the appropriate box(ee) 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 alters. First-class or charter travel	Pa	ert I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
First class or charter travel	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal u	se		
Discretionary spending account		Travel for companions Payments for business use of personal resider	nce		
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? 2 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 Written employment contract Written employment contract Compensation committee Written employment contract Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee Participate in or a related organization: a Receive a severance payment form a supplemental nonqualified retirement plan? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? de Participate in or receive payment from an equity-based compensation arrangement? fresh on prosensified 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? 5a		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 for a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Por 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? 5 Participate 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? 5 Participate in part III. 7 Participate in participation pay or accrue any compensation contingent on the net earnings of: a The organization? 1 Prives on line 6 a or 6b, describe in Part III. 7 Propersons listed on Form 990, Part VII, Section A, line 1a, did the o		Discretionary spending account Personal services (such as maid, chauffeur, ch	ef)		
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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 for a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Por 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? 5 Participate 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? 5 Participate in part III. 7 Participate in participation pay or accrue any compensation contingent on the net earnings of: a The organization? 1 Prives on line 6 a or 6b, describe in Part III. 7 Propersons listed on Form 990, Part VII, Section A, line 1a, did the o	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
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 committee Mritten employment contract Independent compensation consultant Compensation Survey or study Form 990 of other organizations Approval by the board or compensation committee Participate in or receive payment or change of control payment? Approval by the board or compensation committee Participate in or receive payment from an equity-based compensation arrangement? Approval by the participate in or receive payment from an equity-based compensation arrangement? Approval by the participate in or receive payment from an equity-based compensation arrangement? Approval by the participate in or receive payment from an equity-based compensation arrangement? Approval by the participate in or receive payment from an equity-based compensation arrangement? Approval by the payment of participate in or receive payment from an equity-based compensation arrangement? Approval by the payment of payment or the revenues of Approval by the applicable amounts for each item in Part III. Only section 50 1(c)(3), 50 1(c)(4), and 50 1(c)(29) organizations must complete lines 5-9. 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: Approval by the payment of the payment			1b		
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 Mritten employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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: Receive a severance payment for a supplemental nonqualified retirement plan? 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. 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: The organization? 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: The organization? 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: The organization? The organization? The organization? The organization? The organization? The organization? The organization lies of the organization and the organization provide any nonfixed payments not described in Part III. The organization or part III and the organization procedure described in Part III. The organization organization also follow the rebuttable presumption procedure described in Part III.	2				
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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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? 4a	_		2		
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 Compensation survey or study Form 990 of other organizations 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 filling 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. 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? f" "Yes" on line 5a or 5b, describe in Part III. 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? f" "Yes" on line 5a or 6b, describe in Part III. 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Pado or accrued pursuant to a contract that was subject to the initial contract exception described in Regulatio		tradicios, and onlocis, molecumy the object birotion, regarding the folio choosed on line rate.	·····		
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 Compensation survey or study Form 990 of other organizations 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 filling 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. 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? f" "Yes" on line 5a or 5b, describe in Part III. 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? f" "Yes" on line 5a or 6b, describe in Part III. 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Pado or accrued pursuant to a contract that was subject to the initial contract exception described in Regulatio	3	Indicate which if any of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract	Ü				
Compensation committee					
Independent compensation consultant					
Form 990 of other organizations 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? 4a X 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. 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? if "Yes" on line 5a or 5b, describe in Part III. 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? if "Yes" on line 6a or 6b, describe in Part III. 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. 7 For persons listed 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. 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. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 b Participate in or receive payment from a supplemental nonqualified retirement plan? 4 c Participate in or receive payment from an equity-based compensation arrangement? 4 c X 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? 5 a X b Any related organization? 1 f"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? 6 a X b Any related organization? 6 a X b Any related organization? 6 a X b Any related organization? 6 b X 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 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			.ittaa		
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8				,,
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Regulations section 53.4958-6(c)?	9				
		Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GORDON P. ROBERTSON	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/DIRECTOR	(ii)	633,220.	4,578.	7,394.	0.	22,347.	667,539.	0.
(2) JAMES R. BARR JR.	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT/CFO	(ii)	274,524.	286.	3,505.	0.	22,439.	300,754.	0.
(3) MARVIN B. EDWARDS	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	259,150.	429.	6,324.	0.	11,807.	277,710.	0.
(4) RANDY J. MORELL	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	224,063.	286.	6,320.	0.	22,439.	253,108.	0.
(5) DREW P. FRIEDRICH III	(i)	196,053.	1,901.	421.	0.	21,512.	219,887.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEVEN W. O'GRADY	(i)	167,576.	353.	4,435.	0.	11,807.	184,171.	0.
VICE PRESIDENT (UNTIL 2/13/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RONDA F. SHERMAN	(i)	167,500.	7,802.	1,502.	0.	402.	177,206.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY C. WESTLING	(i)	172,500.	353.	831.	0.	402.	174,086.	0.
CHIEF OF STAFF (UNTIL 2/13/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							

Schedule J (Form 990) 2023

Page 2

OPERATION BLESSING INTERNATIONAL

RELIEF AND DEVELOPMENT CORPORATION 54-1382657 Schedule J (Form 990) 2023 Page 3 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, QUESTION 3: GORDON P. ROBERTSON, OB'S PRESIDENT, IS COMPENSATED BY BOTH THE CHRISTIAN BROADCASTING NETWORK AND REGENT UNIVERSITY, BOTH ENTITIES ARE RELATED TO OB. AND THEIR RESPECTIVE BOARDS UTILIZE COMPENSATION STUDIES TO APPROVE HIS ANNUAL COMPENSATION.

Schedule J (Form 990) 2023

332113 11-06-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Part Types of Property		RELIEF AND DEVELOR	MENI CORE	PORATION		54-1382	2037
Art - Works of art Art - Historical treasures Art - Historical treasures Art - Historical treasures Art - Historical interests Art - Historical	Pai	t I Types of Property					
2 Art - Historical treasurse 3 Art - Fractional interests			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of deter	
2 Art - Historical treasurse 3 Art - Fractional interests	1	Art - Works of art					
A	2						
A Books and publications Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded X	3						
5 Clothing and household goods	4						
6 Cars and other vehicles	5		Х		3,081,295.	WHOLESALE ESTIMATE	
8 loats and planes	6						
Intellectual property	7						
9 Securities - Publicity traded X 11 409,179, MARKET QUOTE Securities - Closely held stock	8						
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 - Commercial 18 Collectibles 19 Food inventory 19 Trives, and medical supplies 10 Taxidermy 11 Taxidermy 12 Historical artifacts 12 Scientific specimens 13 A cheological artifacts 14 A cheological artifacts 15 Scientific specimens 16 Collectibles 17 Taxidermy 18 Collectibles 19 Food inventory 10 Trives, and medical supplies 10 Taxidermy 11 Taxidermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Other ())			Х	11	409.179.	MARKET QUOTE	
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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 - Commercial 18 Collectibles 19 Food inventory 19 Food inventory 10 Trugs and medical supplies 11 Taxidermy 12 Historical artifacts 12 Scientific specimens 13 Scientific specimens 14 Guther ()	•••						
13 Qualified conservation contribution - Historic structures	40	***************************************					
Historic structures Qualified conservation contribution - Other							
14 Qualified conservation contribution - Other	13	I Paka da jako jako jako					
15 Real estate - Residential Real estate - Commercial Real estate - Other Real estate							
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17 Real estate - Other Collectibles							
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1 Taxidermy	19			 	· · · · · ·		
22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (20	Drugs and medical supplies	X	6	6,681,871.	WHOLESALE ESTIMATE	
23 Scientific specimens 24 Archeological artifacts 25 Other (21						
24 Archeological artifacts 25 Other (22	Historical artifacts					
25 Other (23	Scientific specimens					
26 Other (24	Archeological artifacts					
27 Other (25	Other ()					
27 Other (26	Other ()					
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 5 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a	27						
for which the organization completed Form 8283, Part V, Donee Acknowledgement yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 10 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 11 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 12	28	Other (
Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a	29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions		
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10 b If "Yes," describe the arrangement in Part II. 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 12 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 13		for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29		5
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 50 If "Yes," describe the arrangement in Part II. 51 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 52 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 53 If "Yes," describe in Part II. 53 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		· ·		J			Yes No
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 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? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	30a	During the year, did the organization receive b	v contributio	n anv property rep	orted in Part I. lines 1 throug	ah 28, that it	
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? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 4 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,							
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? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 V 33 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,		-	•		•		Oa X
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X 33b If "Yes," describe in Part II. 33c If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	h		•			L	
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,		,	nolicy that re	acuires the review	of any nonetandard contribut	tions?	y
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,							* **
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,	32a	t-:!ht!0					
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	_	***************************************					za X
		•		<u></u>			
describe in Part II.	33		olumn (c) fo	r a type of property	tor which column (a) is che	cked,	
		describe in Part II.				-	

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION	54-1382657	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organiz	ation
SCHEDULE M, PART I:		
THE FIGURES ON PART I, COLUMN B REFLECT THE NUMBER OF CONTRIBUTIONS		
RECEIVED AS OPPOSED TO THE NUMBER OF ITEMS CONTRIBUTED.		

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

OPERATION BLESSING INTERNATIONAL

Employer identification number

RELIEF AND DEVELOPMENT CORPORATION	54-1382657
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO DEMONSTRATE GOD'S LOVE BY ALLEVIATING HUMAN NEED AND SUFFERING	
WORLDWIDE. OBI CARRIED OUT PROGRAMS AND PROJECTS THAT SERVED MILLIONS	
OF PEOPLE DURING FY24.	
FORM 990, PART III, LINE 4A:	
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.	
	_
OPERATION BLESSING WAS INSTRUMENTAL IN FEEDING HUNGRY PEOPLE AROUND THE	
WORLD. 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 FY24, OB RESPONDED TO NATURAL DISASTERS AND HUMAN CRISES AROUND	
THE WORLD. THIS INCLUDES RESPONDING TO DISASTERS IN THE FOLLOWING 13	
COUNTRIES: CHILE, ISRAEL, JAPAN, KENYA, MEXICO, MOROCCO, MYANMAR,	
NIGERIA, THE PHILIPPINES, POLAND, SOUTH AFRICA, TURKEY, AND UKRAINE.	

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

IN COUNTRIES AROUND THE WORLD, OB UTILIZED A VARIETY OF TECHNIQUES TO

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
PROVIDE ACCESS TO WATER IN COMMUNITIES THROUGH WELLS AND COMMUNITY	
WATER SYSTEMS, DISINFECTING WATER THROUGH POINT OF USE CHLORINE	
GENERATION DEVICES, AND WATER FILTRATION.	
FORM 990 PART III, LINE 4B:	
THE HSF'S FLEET OF TRACTOR-TRAILER TRUCKS TRANSPORTS MILLIONS OF POUNDS	
OF FOOD, BEVERAGES, OTHER RELIEF PRODUCTS AND DISASTER RELIEF SUPPLIES	
TO A NETWORK OF 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; 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 V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
CAMBODIA, CHINA, COSTA RICA, GUATEMALA,	
GHANA, HAITI, HONDURAS, HONG KONG,	
INDIA, INDONESIA, JAPAN, KENYA,	
MEXICO, NIGERIA, PERU, PHILIPPINES,	
POLAND, SENEGAL, SOUTH AFRICA, THAILAND,	
UKRAINE	
FORM 990, PART VI, SECTION B, LINE 11B:	
OPERATION BLESSING PREPARES A DRAFT OF THE 990 WHICH IS REVIEWED BY KPMG	

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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	
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:	
GORDON P. ROBERTSON, OB'S PRESIDENT, IS COMPENSATED BY BOTH THE CHRISTIAN	
BROADCASTING NETWORK AND REGENT UNIVERSITY, BOTH ENTITIES ARE RELATED TO	
OB, AND THEIR RESPECTIVE BOARDS UTILIZE COMPENSATION STUDIES TO APPROVE HIS	
ANNUAL COMPENSATION.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE BOARD OF DIRECTORS WILL CONDUCT AN INDEPENDENT REVIEW OF COMPENSATION	
WHICH INCLUDES 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	

Schedule O (Form 990) 202	23	Page 2
Name of the organization	OPERATION BLESSING INTERNATIONAL	Employer identification number
	RELIEF AND DEVELOPMENT CORPORATION	54-1382657
DEGLGTON		
DECISION.		
FORM 990, PART VI, I	INE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AV CA EI CA IA ME MA	I NILI DA CC MNI VA MA MA	
AR, CA, FL, GA, LA, ME, ME	I,NH,PA,SC,TN,VA,WA,WV	
FORM 990, PART VI, S	ECTION C, LINE 19:	
ODEDATION BLESSING W	ILL MAKE ITS AUDITED FINANCIAL STATEMENTS PUBLICLY	
OTERATION DEEDSING V	THE MAKE ITS ADDITED FINANCIAL STATEMENTS TOURIEST	
AVAILABLE BY PROVIDI	ING COPIES ON REQUEST AND ALSO POSTS THE STATEMENTS ON	
OB.ORG.		
FORM 990 PART VIII,	LINE 1D:	
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OB RECEIVED \$9,266,6	773 IN CASH FROM THE CHRISTIAN BROADCASTING NETWORK,	
INC., A RELATED ORGA	NIZATION, AND \$1,337,892 IN RENT AND SERVICES FOR A	
·		
TOTAL CONTRIBUTION F	RECEIVED OF \$10,604,565.	
FORM 990 PART XII, I	INE 2C:	
THE AUDIT COMMITTEE	HAS RESPONSIBILITY FOR OVERSIGHT AND ACCEPTANCE OF	
THE AUDIT AND FOR RE	COMMENDING TO THE BOARD THE RETENTION OR	
TERMINATION OF THE A	UUDITOR. THE BOARD HAS APPOINTMENT RESPONSIBILITY	
FOR THE INDEPENDENT	AUDITOR.	

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OPERATION BLESSING RELIEF AND DEVELOPE					E	Employer identifi 54-1382657		ımber
Part I Identification of Disregarded Entities. Comp	blete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total in		e) ar asset	s Direct o	(f) controlling ntity)
Part II Identification of Related Tax-Exempt Organ	izations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34	, because it had on	ne or mo	re related tax-exe	mpt	
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		(f) rect controlling entity		g) 512(b)(13 rolled ity?
or rolated organization		Toreign country)	30000011	501(c)(3))	``	Ornerty	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			Х
OB DISASTER RELIEF SERVICES, INC 41-2186581, 977 CENTERVILLE TURNPIKE,	_							
VIRGINIA BEACH, VA 23463	DISASTER AID	 	501(C)(3)	12	ОВ		x	
OB JAPAN - 99-9999999	DIGNOTHN MID	VIRGININ	301(0)(3)	12	72		- 21	
1-37-7 AMISAKURAGI	\dashv							
MIYAGI KEN, JAPAN	HUMANITARIAN	JAPAN			ОВ		x	
OB HAITI - 99-999999								

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

HUMANITARIAN

Schedule R (Form 990) 2023

PORT-AU-PR, HAITI

#6 RUE TAMARIN, TABARRE 48

HAITI

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
or related organization		foreign country)	Section	501(c)(3))	Criticy	Yes	No
OB KENYA LIMITED - 99-999999						103	140
VILLA FRANCA, MOMBASA RD.							
NAIROBI, KENYA	HUMANITARIAN	KENYA			ов	х	
OPERATION BENDICION MEXICO, A.C							
99-9999999, 11850 CIUDAD DE MEXICO, CDMX,							
MEXICO	HUMANITARIAN	MEXICO			ов	х	
ASSOCIATION OPERACION BENDICION - 99-9999999							
18 A VENDIDA 8-24 ZONA 11							
CIUDAD, GUATEMALA	HUMANITARIAN	GUATEMALA			ов	х	
OPERACAION BENDICION HONDURAS - 99-999999							
OFFICE BODEGAS ESMERALDA							
SAN PEDRO SULA, HONDURAS	HUMANITARIAN	HONDURAS			ов	х	
OPERACION BENDICION INTERNACIONAL PERU -							
99-9999999, CALLE BOULEVARD 180 OF.703,							
LIMA, SANTIAGO DE SURCO, PERU 33	HUMANITARIAN	PERU			ов	х	
FUNDACJA OPERATION BLESSING POLSKA -							
99-9999999, ALEJA JANA PAWA II 12, WARSAW,							
POLAND 00-124	HUMANITARIAN	POLAND			ов	х	
REGENT UNIVERSITY - 54-1061178							
1000 REGENT UNIVERSITY DRIVE							
VIRGINIA BEACH, VA 23464	EDUCATION	VIRGINIA	501(C)(3)	2	CBN		х

RELIEF AND DEVELOPMENT CORPORATION Schedule R (Form 990) 2023

54-1382657

Page 2

Part III Identification of Related Organizations treated as a pa	art III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	\Box	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana	eral or aging ner?	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
										\vdash		
	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	ction b)(13) rolled tity?

Schedule R (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s		Х
^	If the appear to any of the above is "Vee " see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

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	В	458,770.	CASH
(2) OB HAITI	В	272,826.	CASH
3) OB KENYA LIMITED	В	423,667.	CASH
4) OPERATION BENDICION MEXICO, A.C.	В	2,202,048.	CASH
5) ASSOCIATION OPERACION BENDICION	В	307,075.	CASH
6) OPERACAION BENDICION INTERNACIONAL PERU	В	699,602.	Cash

Schedule R (Form 990)

RELIEF AND DEVELOPMENT CORPORATION

54-1382657

(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(7) ASSOCIATION OPERACION BENDICION	В	138,698.	WHOLESALE VALUE
(8) OPERACION BENDICION HONDURAS	R	340,472.	CASH
(9) OPERACION BENDICION HONDURAS	R	3,303,174.	WHOLESALE VALUE
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			

Schedule R (Form 990) 2023 RELIEF AND DEVELOPMENT CORPORATION

F AND DEVELOPMENT CORPORATION 54-1382657

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentag
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	alloca	tions?	amount in box 20	managii	ownership
•		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Voc N	
		, , , , , , , , , , , , , , , , , , ,	000000000000000000000000000000000000000	Tes No			165	INO	(1 01111 1000)	Tes IN	-
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Schedule R (Form 990) 2023

Page 4

Schedule R	R (Form 990) 2023 RELIEF AND DEVELOPMENT CO	RPORATION	54-1382657	Page 5
Part VII	R (Form 990) 2023 RELIEF AND DEVELOPMENT COI			
	Provide additional information for responses to questions on S	Schedule R. See instructions		
	1 Tovide additional information for responses to questions of c	ochedule H. See Instructions.		
_				
_				

Schedule R (Form 990) 2023 332165 09-28-23