

Form 990 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Return of Organization Exempt From Income Tax</h2> <p style="margin:0;">Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p style="margin:0;">Do not enter social security numbers on this form as it may be made public.</p> <p style="margin:0;">Go to www.irs.gov/Form990 for instructions and the latest information.</p>	OMB No. 1545-0047 <h1 style="margin:0;">2023</h1> Open to Public Inspection
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A For the 2023 calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**


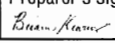
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 977 CENTERVILLE TURNPIKE City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23463 F Name and address of principal officer: GORDON ROBERTSON SAME AS C ABOVE	D Employer identification number 54-1382657 E Telephone number (757) 226-3401 G Gross receipts \$ 77,188,388. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		
J Website: WWW.OB.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1986 M State of legal domicile: VA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO DEMONSTRATE GOD'S LOVE BY ALLEVIATING HUMAN NEED AND SUFFERING WORLDWIDE.</u>		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	131
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		89,463,232.	75,185,705.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		580,209.	1,565,744.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,105.	17,992.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		90,081,546.	76,769,441.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	62,860,928.	57,606,759.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,343,847.	12,323,634.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,600,831.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,152,209.	12,735,158.
	19 Revenue less expenses. Subtract line 18 from line 12	87,356,984.	82,665,551.
		2,724,562.	-5,896,110.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	55,696,504.	42,830,635.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,856,297.	8,886,538.
		39,840,207.	33,944,097.

Part II Signature Block

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

Sign Here	Signature of officer  JAMES R. BARR, JR., VP - CFO Type or print name and title	Date 10/18/24
Paid Preparer Use Only	Print/Type preparer's name BRIAN KEARNS Firm's name KPMG LLP Firm's address 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102	Preparer's signature  Date 10/18/2024 Firm's EIN 13-5565207 Phone no. 703-286-8000

May the IRS discuss this return with the preparer shown above? See instructions Yes No



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

097683.606464.225173.19184 1 AB 0.593 372



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

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

097683

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](https://www.irs.gov/eomefproviders).

Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ALLEVIATE HUMAN NEED AND SUFFERING IN THE UNITED STATES AND AROUND THE
WORLD THROUGH PROGRAMS THAT INCLUDE HUNGER RELIEF, MEDICAL CARE, CLEAN
WATER AND DISASTER RELIEF.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 22,505,466. including grants of \$ 15,245,927.) (Revenue \$ 61.)
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 OUTFIT RESOURCE POOR AREAS
BENEFITING CHILDREN AND ADULTS ALIKE. OB PROVIDED MANY LIFE-CHANGING
SURGERIES SUCH AS CLEFT LIP AND PALATE, CATARACT AND MORE TO THOSE IN
NEED. FOR MORE DETAILS, SEE SCHEDULE O.

4b (Code:) (Expenses \$ 48,009,386. including grants of \$ 39,697,250.) (Revenue \$ 0.)
OB'S HUNGER STRIKE FORCE: IN THE UNITED STATES, OB'S FLEET OF HUNGER
STRIKE FORCE TRACTOR-TRAILERS TRAVELED THROUGHOUT THE COUNTRY AND
DISTRIBUTED MORE THAN 28 MILLION POUNDS OF FOOD AND BEVERAGES TO
FAMILIES IN NEED.

BY WORKING CLOSELY WITH FOOD PROCESSING COMPANIES, GROWERS AND
MANUFACTURERS, OB TAPS INTO AMERICA'S SURPLUS AND ACQUIRES CORPORATE
DONATIONS OF FOOD STAPLES AND RELIEF PRODUCTS, DELIVERING MUCH-NEEDED
FOOD AND RELIEF SUPPLIES TO DISADVANTAGED FAMILIES AND DISASTER
VICTIMS. FOR MORE DETAILS, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 6,402,899. including grants of \$ 2,663,582.) (Revenue \$)
A FIRST RESPONDER IN TIMES OF DISASTER, OPERATION BLESSING'S DOMESTIC
DISASTER RELIEF TEAM RESPONDED TO 18 U.S. DISASTERS IN FY24. OPERATION
BLESSING'S DOMESTIC DISASTER RELIEF TEAM ASSISTED VICTIMS OF WILDFIRES
IN MAUI AS WELL AS TEXAS, FLOODING IN FLORIDA AND CALIFORNIA, ASSORTED
STORMS AND TORNADOS THROUGHOUT THE MIDWEST AND SOUTHEAST, AND HURRICANE
IDALIA IN FLORIDA.

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

4e Total program service expenses 76,917,751.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Form 990 (2023)

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES R. BARR, JR. - 757-226-3401
977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463

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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON P. ROBERTSON PRESIDENT/DIRECTOR	2.00 58.00	X		X				0.	645,192.	22,347.
(2) JAMES R. BARR JR. VICE PRESIDENT/CFO	5.00 50.00			X				0.	278,315.	22,439.
(3) MARVIN B. EDWARDS VICE PRESIDENT	20.00 35.00			X				0.	265,903.	11,807.
(4) RANDY J. MORELL SECRETARY	1.00 49.00			X				0.	230,669.	22,439.
(5) DREW P. FRIEDRICH III CHIEF OPERATING OFFICER	50.00 0.00				X			198,375.	0.	21,512.
(6) STEVEN W. O'GRADY VICE PRESIDENT (UNTIL 2/13/24)	50.00 0.00			X				172,364.	0.	11,807.
(7) RONDA F. SHERMAN VICE PRESIDENT	55.00 0.00			X				176,804.	0.	402.
(8) JEFFREY C. WESTLING CHIEF OF STAFF (UNTIL 2/13/24)	58.00 0.00				X			173,684.	0.	402.
(9) HOLLY E. COMBS DIR INTEGRATED MEDIA	50.00 0.00					X		109,679.	0.	30,971.
(10) ANTHONY S. LLOYD SR. DIR. - U.S. DISASTER REL.	50.00 0.00					X		120,886.	0.	1,591.
(11) BRIDGET HART REGIONAL PHILANTHROPY MGR	50.00 0.00					X		109,798.	0.	12,388.
(12) CHASE DELANS DIR INTERNATIONAL PROGRAMS	50.00 0.00					X		104,945.	0.	11,786.
(13) MASON PIGUE DIR INTL DISASTER RELIEF	50.00 0.00					X		100,639.	0.	773.
(14) THOMAS DAUGHERTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) CHERYL P. MCLESKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DAVID MELILLI DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) DAVID PENTECOST DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							1,267,174.	1,420,079.	170,664.	
c Total from continuation sheets to Part 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 those listed above) who received more than \$100,000 of reportable compensation from the organization 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFFORDABLE LOGISTICS SERVICES 92 TRENOL HEIGHTS ROAD, MILTON, WV 25541	EQUIPMENT REFURBISHMENT	128,934.
ROSLAN & ASSOCIATES PR, LLC 200 BROADWAY, 3RD FLOOR, NEW YORK, NY 10038	PUBLIC RELATIONS	122,760.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,266,673.			
	e	Government grants (contributions)	1e	106,967.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	65,812,065.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 42,279,493.			
	h	Total. Add lines 1a-1f		75,185,705.			
	Program Service Revenue	2 a	_____	Business Code			
b		_____					
c		_____					
d		_____					
e		_____					
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,568,168.		1,568,168.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
				402,910.			
				13,613.			
	b	Less: cost or other basis and sales expenses	7b	409,179.	9,768.		
c	Gain or (loss)	7c	-6,269.	3,845.			
d	Net gain or (loss)		-2,424.			-2,424.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REBATES AND RECYCLING	900099	17,931.	0.	17,931.	
	b	INTERNATIONAL REVENUE	900099	61.	61.	0.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		17,992.			
12	Total revenue. See instructions		76,769,441.	61.	0.	1,583,675.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,417,135.	1,417,135.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,943,696.	40,943,696.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,245,928.	15,245,928.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	755,349.	184,170.	393,973.	177,206.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,302,603.	7,328,650.	98,425.	1,875,528.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,598.	40,598.		
9 Other employee benefits	1,481,689.	1,116,898.	14,881.	349,910.
10 Payroll taxes	743,395.	585,909.	7,530.	149,956.
11 Fees for services (nonemployees):				
a Management				
b Legal	99,688.	96,288.	3,400.	
c Accounting	104,846.	17,396.	87,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	846,328.	723,486.	72,606.	50,236.
12 Advertising and promotion	428,524.	142,262.	600.	285,662.
13 Office expenses	1,216,052.	330,432.	11,623.	873,997.
14 Information technology	211,297.	124,239.	5,874.	81,184.
15 Royalties				
16 Occupancy	1,618,388.	1,594,948.	23,440.	
17 Travel	1,605,785.	1,510,453.	43,399.	51,933.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	77,639.	71,929.	307.	5,403.
20 Interest	34,405.	34,405.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	911,618.	820,319.	91,299.	
23 Insurance	906,632.	658,021.	241,088.	7,523.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRUCK EXPENSES	2,132,277.	2,132,277.	0.	0.
b SMALL EQUIPMENT & PARTS	1,056,084.	1,039,976.	14,987.	1,121.
c TAXES AND LICENSES	432,772.	422,218.	6,286.	4,268.
d MEDICAL EXPENSES	106,039.	102,929.	3,110.	0.
e All other expenses	946,784.	233,189.	26,691.	686,904.
25 Total functional expenses. Add lines 1 through 24e	82,665,551.	76,917,751.	1,146,969.	4,600,831.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,363,673.	1	230,831.
	2 Savings and temporary cash investments	31,752,237.	2	29,106,179.
	3 Pledges and grants receivable, net	3,465,859.	3	3,607,639.
	4 Accounts receivable, net	550,204.	4	356,939.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,314,093.	8	2,214,366.
	9 Prepaid expenses and deferred charges	765,986.	9	901,408.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,496,065.		
	b Less: accumulated depreciation	4,274,034.		
		1,959,676.	10c	1,222,031.
	11 Investments - publicly traded securities		11	0.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	7,524,776.	15	5,191,242.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	55,696,504.	16	42,830,635.	
Liabilities	17 Accounts payable and accrued expenses	1,371,876.	17	1,575,429.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	951,565.	23	720,147.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,532,856.	25	6,590,962.
	26 Total liabilities. Add lines 17 through 25	15,856,297.	26	8,886,538.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,536,499.	27	16,000,504.
	28 Net assets with donor restrictions	25,303,708.	28	17,943,593.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	39,840,207.	32	33,944,097.
33 Total liabilities and net assets/fund balances	55,696,504.	33	42,830,635.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,769,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,665,551.
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.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar 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 instructions)				12		60,384.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	71.05 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	67.04 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	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		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and structure counts, and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		78,264.	78,264.	0.
c Leasehold improvements		538,547.	429,869.	108,678.
d Equipment		2,833,199.	2,465,926.	367,273.
e Other		2,046,055.	1,299,975.	746,080.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,222,031.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) 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. (B))	5,191,242.

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(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)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,590,962.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information

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

PART X, LINE 2:

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

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

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

INCLUDE ANY UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2023

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	4	36	PROGRAM SERVICES	INDIGENT & DISASTER RELIEF	6,307,953.
EAST ASIA AND THE PACIFIC	14	129	PROGRAM SERVICES	INDIGENT & DISASTER RELIEF	2,764,701.
EUROPE (INCLUDING ICELAND & GREENLAND)	3	3	PROGRAM SERVICES	INDIGENT & DISASTER RELIEF	1,961,589.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INDIGENT & WAR RELIEF	1,514,201.
NORTH AMERICA	1	18	PROGRAM SERVICES	INDIGENT & DISASTER RELIEF	2,682,604.
RUSSIA AND NEIGHBORING STATES	1	4	PROGRAM SERVICES	UKRAINE REFUGEE & DISASTER RELIEF	3,636,943.
SOUTH AMERICA	3	18	PROGRAM SERVICES	INDIGENT RELIEF	998,462.
SOUTH ASIA	1	8	PROGRAM SERVICES	INDIGENT RELIEF	870,742.
3 a Subtotal	27	216			20,737,195.
b Total from continuation sheets to Part I	5	37			1,768,271.
c Totals (add lines 3a and 3b)	32	253			22,505,466.

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Schedule F (Form 990) 2023

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OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule F (Form 990)

54-1382657

Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	5	37	PROGRAM SERVICES	INDIGENT & DISASTER RELIEF	1,768,271.
Totals	5	37			1,768,271.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN	195,136.	WIRE	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 PACIFIC	HUMANITARIAN	710,643.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUMANITARIAN	465,701.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUMANITARIAN	445,285.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUMANITARIAN	397,067.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUMANITARIAN	261,496.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 32

3 Enter total number of other organizations or entities 0

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HUMANITARIAN	145,212.	WIRE	0.		
		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.		
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF	8,803.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMANITARIAN	115,806.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EARTHQUAKE RELIEF	60,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	ISRAEL RELIEF	454,454.	WIRE	0.		

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IRAQ REFUGEE RELIEF	241,391.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL CLINIC IN JORDAN	120,000.	WIRE	0.		
		NORTH AMERICA	DISASTER RELIEF	14,551.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	HUMANITARIAN WITHIN UKRAINE	1,801,669.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	UKRAINIAN REFUGEE RELIEF	199,320.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	UKRAINIAN REFUGEE 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.	WIRE	0.		

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

54-1382657

Schedule F (Form 990)

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN 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 AFRICA	HUMANITARIAN	80,330.	WIRE	0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN	52,940.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUDAN REFUGEE RELIEF	6,449.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HUMANITARIAN RELIEF	CENTRAL AMERICA AND THE CARIBBEAN	0	0.		3,781,420.	SEE PART V	WHOLESALE
HUMANITARIAN RELIEF	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0.		1,343,120.	SEE PART V	WHOLESALE
HUMANITARIAN RELIEF	NORTH AMERICA	0	0.		891,452.	SEE PART V	WHOLESALE
HUMANITARIAN RELIEF	RUSSIA AND NEIGHBORING STATES	0	0.		773,631.	UKRAINIAN RELIEF - SEE PART V	WHOLESALE
HUMANITARIAN RELIEF	SOUTH AMERICA	0	0.		247,377.	SEE PART V	WHOLESALE
HUMANITARIAN RELIEF	SUB-SAHARAN AFRICA	0	0.		254,284.	SEE PART V	WHOLESALE
HUMANITARIAN RELIEF	MIDDLE EAST AND NORTH AFRICA	0	0.		285,632.	SEE PART V	WHOLESALE

Part IV Foreign Forms

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

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.

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 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.

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.

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.

OPERATION BLESSING SENT OVER \$6M IN WHOLESALE VALUE OF MEDICINES AND
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
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 INDIVIDUAL BENEFICIARIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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	501(C)(3)	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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

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

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

Schedule I (Form 990) 2023

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule I (Form 990) 2023

54-1382657

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HUNGER STRIKE FORCE	0	0.	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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

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.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

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

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,081,295.	WHOLESALE ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	409,179.	MARKET QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,190	32,107,148.	WHOLESALE ESTIMATE
20 Drugs and medical supplies	X	6	6,681,871.	WHOLESALE ESTIMATE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 5

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** X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **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, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

Part II

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

SCHEDULE 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 O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:

OPERATION BLESSING WILL MAKE ITS AUDITED FINANCIAL STATEMENTS PUBLICLY

AVAILABLE BY PROVIDING COPIES ON REQUEST AND ALSO POSTS THE STATEMENTS ON

OB.ORG.

FORM 990 PART VIII, LINE 1D:

OB RECEIVED \$9,266,673 IN CASH FROM THE CHRISTIAN BROADCASTING NETWORK,

INC., A RELATED ORGANIZATION, AND \$1,337,892 IN RENT AND SERVICES FOR A

TOTAL CONTRIBUTION RECEIVED OF \$10,604,565.

FORM 990 PART XII, LINE 2C:

THE AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT AND ACCEPTANCE OF

THE AUDIT AND FOR RECOMMENDING TO THE BOARD THE RETENTION OR

TERMINATION OF THE AUDITOR. THE BOARD HAS APPOINTMENT RESPONSIBILITY

FOR THE INDEPENDENT AUDITOR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization OPERATION BLESSING INTERNATIONAL RELIEF AND DEVELOPMENT CORPORATION	Employer identification number 54-1382657
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CHRISTIAN BROADCASTING NETWORK, INC. - 54-0678752, 977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463	CHRISTIAN BROADCASTING	VIRGINIA	501(C)(3)	7	N/A		X
OB DISASTER RELIEF SERVICES, INC. - 41-2186581, 977 CENTERVILLE TURNPIKE, VIRGINIA BEACH, VA 23463	DISASTER AID	VIRGINIA	501(C)(3)	12	OB	X	
OB JAPAN - 99-9999999 1-37-7 AMISAKURAGI MIYAGI KEN, JAPAN	HUMANITARIAN	JAPAN			OB	X	
OB HAITI - 99-9999999 #6 RUE TAMARIN, TABARRE 48 PORT-AU-PR, HAITI	HUMANITARIAN	HAITI			OB	X	

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

Schedule R (Form 990) 2023

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule R (Form 990)

54-1382657

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

OPERATION BLESSING INTERNATIONAL

Schedule R (Form 990) 2023

RELIEF AND DEVELOPMENT CORPORATION

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Page 2

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OB JAPAN	B	458,770.	CASH
(2) OB HAITI	B	272,826.	CASH
(3) OB KENYA LIMITED	B	423,667.	CASH
(4) OPERATION BENDICION MEXICO, A.C.	B	2,202,048.	CASH
(5) ASSOCIATION OPERACION BENDICION	B	307,075.	CASH
(6) OPERACAION BENDICION INTERNACIONAL PERU	B	699,602.	CASH

OPERATION BLESSING INTERNATIONAL
RELIEF AND DEVELOPMENT CORPORATION

Schedule R (Form 990)

54-1382657

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ASSOCIATION OPERACION BENDICION	B	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)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.