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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/01/08 , and ending 8/31/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
BLESSINGS INTERNATIONAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
5881 SOUTH GARNETT RD

City or town, state or country, and ZIP + 4
TULSA OK 74146

D Employer identification number
73-1130590

E Telephone number
918-250-8101

G Gross receipts $ 55,658,816

F Name and address of principal officer.
Harold C. Harder, Ph. D.
5725 East 97th Place
Tulsa OK 74137

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.blessing.org

H(c) Group exemption number ▶

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Blessings International is a non-profit organization whose mission is to alleviate suffering and provide medicines worldwide by facilitating relationships to promote health.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of employees (Part V, line 2a)	15
	6	Total number of volunteers (estimate if necessary)	20
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
	b	Net unrelated business taxable income from Form 990-T, line 34	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	23,373,714	53,159,419
	9	Program service revenue (Part VIII, line 2g)	2,127,163	2,416,035
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,193	74,000
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,930	9,362
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,583,000	55,658,816
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,685,011	38,305,705
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	381,459	425,606
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,675		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,497,561	1,860,174
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,564,031	40,591,485
	19	Revenue less expenses. Subtract line 18 from line 12	-5,981,031	15,067,331

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,570,048	22,755,186
	21	Total liabilities (Part X, line 26)	6,715	124,522
	22	Net assets or fund balances Subtract line 21 from line 20	7,563,333	22,630,664

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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

Harold C. Harder — Signature of officer — Jan. 14, 2010 — Date

HAROLD C. HARDER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Ronald W. Robinson — Date 1/11/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00366406

Firm's name (or yours if self-employed), address, and ZIP + 4: Sutton Robinson Freeman & Co., P.C.
2727 East 21st Street, Suite 600
Tulsa, OK 74114-3537

EIN ▶ 73-1569229

Phone no ▶ 918-747-7000

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

DAA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

SCANNED JAN 29 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

Blessings International is a non-profit organization whose mission is to alleviate suffering and provide medicines worldwide by facilitating relationships to promote health.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 30,473,670 including grants of $) (Revenue $)

Medicines for short-term medical teams
See Attachment to IRS Form 990, Part III, Item C

4b (Code:) (Expenses $ 9,641,665 including grants of $) (Revenue $)

Development programs facilitated by Blessings International in collaboration with other organizations
See Attachment to IRS Form 990, Part III, Item A

4c (Code) (Expenses $ 316,900 including grants of $) (Revenue $)

U.S.A. Indigent Care
See Attachment to IRS Form 990, Part III, Item E

4d Other program services (Describe in Schedule O)
(Expenses $ 5,500 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 40,437,735 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a 7		
b	Enter the number of voting members that are independent	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OK

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Bernie Morris 5881 S. Garnett Rd. Tulsa OK 74146 918-250-8101

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Harold C. Harder, Ph.D. President	60	X		X				125,000	0	14,112
Chisoo Choi, M.D. Vice Pres	1	X		X				0	0	0
Linda Harder (non-voting) Secretary	1	X		X				0	0	0
Leslie Pierce Treasurer*	4	X		X				0	0	0
								0	0	0
Paul McClendon, Ph.D. Board Member		X						0	0	0
Paul Stanton, M.D. Board Member		X						0	0	0
Roger Youmans, M.D. Board Member		X						0	0	0
Karyl Stanton, M.D. (non-voting) Board Member		X						0	0	0
William Mast, M.D. Board Member		X						0	0	0
Robert E. Stanton, MBA Fin. Officer	20			X				15,000	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								140,000		14,112

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation
Stava Building Corporation 1525 West 36th Place Tulsa OK 74107	Construction	194,050

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,159,419				
	g Noncash contributions included in lines 1a-1f	$	53,000,445				
	h **Total.** Add lines 1a–1f		▶	53,159,419			
Program Service Revenue		Busn. Code					
	2a Net Handling Charges			2,416,035	2,416,035		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f		▶	2,416,035			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	74,000	74,000		
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)		▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss)		▶				
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events		▶				
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Busn. Code					
	11a Restocking, misc. income			9,362	9,362		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d		▶	9,362			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		▶	55,658,816	2,499,397	0	0

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	301,115	301,115		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	38,004,590	38,004,590		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,000	100,000	25,000	
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	226,943	181,554	42,015	3,374
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,720	20,576	4,808	336
9 Other employee benefits	23,342	18,674	4,411	257
10 Payroll taxes	24,601	19,681	4,643	277
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	10,415		10,415	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,501	1,501		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	33,762	27,009	6,753	
17 Travel	21,015	21,015		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,851		3,851	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,352	18,682	4,670	
23 Insurance	25,781	20,625	5,116	40
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Pharmaceutical purchases	1,512,279	1,512,279		
b Postage and shipping	143,041	142,443	598	
c Equip rental/maintenance	15,139	12,111	3,028	
d Bad debts	15,073		15,073	
e Fund-raising costs	12,391			12,391
f All other expenses	42,574	35,880	6,694	
25 Total functional expenses. Add lines 1 through 24f	40,591,485	40,437,735	137,075	16,675
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	188,121	1	64,995
	2	Savings and temporary cash investments	1,302,571	2	3,183,032
	3	Pledges and grants receivable, net	38,877	3	50,188
	4	Accounts receivable, net	409,810	4	144,197
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,792,811	8	18,527,601
	9	Prepaid expenses and deferred charges	165,983	9	84,319
	10a	Land, buildings, and equipment. cost basis — 10a: 486,812			
	b	Less. accumulated depreciation. Complete Part VI of Schedule D — 10b: 150,339	336,806	10c	336,473
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	38,449	12	36,036
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,296,620	15	328,345
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,570,048	16	22,755,186
Liabilities	17	Accounts payable and accrued expenses	5,406	17	101,257
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	1,309	25	23,265
	26	**Total liabilities.** Add lines 17 through 25	6,715	26	124,522
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,660,833	27	3,985,801
	28	Temporarily restricted net assets	3,902,500	28	18,644,863
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,563,333	33	22,630,664
	34	Total liabilities and net assets/fund balances	7,570,048	34	22,755,186

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990	[ ] Cash [X] Accrual [ ] Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

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: (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally Integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 1-3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3 % support test—2008.** 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—2007.** 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—2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	61,204,996	17,455,462	23,841,207	23,379,476	53,159,419	179,040,560
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,295,950	1,505,800	1,780,044	1,899,307	2,416,035	8,897,136
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5	62,500,946	18,961,262	25,621,251	25,278,783	55,575,454	187,937,696
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	670,076	1,314,919	1,522,799	1,645,535	1,859,447	7,012,776
c Add lines 7a and 7b	670,076	1,314,919	1,522,799	1,645,535	1,859,447	7,012,776
8 **Public support** (Subtract line 7c from line 6.)	61,830,870	17,646,343	24,098,452	23,633,248	53,716,007	180,924,920

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	62,500,946	18,961,262	25,621,251	25,278,783	55,575,454	187,937,696
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,512	119,886	101,761	93,529	74,000	462,688
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	73,512	119,886	101,761	93,529	74,000	462,688
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	12,914	6,920	1,505	4,930	9,362	35,631
13 **Total support.** (Add lines 9, 10c, 11, and 12)	62,587,372	19,088,068	25,724,517	25,377,242	55,658,816	188,436,015

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.0140 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.7517 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.2455 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.2483 %

19a **33 1/3 % support tests—2008.** 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—2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income Detail

Restocking fees, misc.	$	35,631

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _ _ _ _ _ _ _

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _
(ii) Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _
b Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as.

- a Board designated or quasi-endowment ▶ _ _ _ _%
- b Permanent endowment ▶ _ _ _ _%
- c Term endowment ▶ _ _ _ _%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		253,649		253,649
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		233,163	150,339	82,824
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				336,473

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Accrued payroll	15,351
Accrued pension plan contribution	7,088
Other accrued liabilities	826
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	23,265

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,658,816
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,591,485
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	15,067,331
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,067,331

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

1	Total revenue, gains, and other support per audited financial statements			1	40,916,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	40,916,453
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	14,742,363		
c	Add lines 4a and 4b			4c	14,742,363
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			5	55,658,816

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	40,591,485
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	40,591,485
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	40,591,485

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Increase in temporarily restricted net assets $ 14,742,363

Part XIV Supplemental Information (continued)

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

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

1 **For grantmakers.** 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? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
Central America and Carribean			Program services	Pharmaceuticals	23,226,720
East Asia and Pacific			Program services	Pharmaceuticals/cash	4,960,980
Europe			Program services	Pharmaceuticals	210,633
Middle East and North Africa			Program services	Pharmaceuticals/cash	952,297
North America			Program services	Pharmaceuticals	1,257,677
Russia and the Newly Independent States			Program services	Pharmaceuticals	101,843
South America			Program services	Pharmaceuticals	2,488,785
South Asia			Program services	Pharmaceuticals/cash	545,605
Sub-Saharan Africa			Program services	Pharmaceuticals	4,260,050
Totals ▶					38,004,590

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Help those in need	6,400	Wire transfer			
		South Asia	Help those in need	5,500	Wire transfer			
		Central America and the Carribean	Help those in need			40,759	Medicines	FMV (RedBk)
		South America	Help those in need			15,970	Medicines	FMV (RedBk)
		Central Americal and the Carribean	Help those in need			11,702	Medicines	FMV (Red Bk
		North America	Help those in need			55,031	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			8,591	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			7,797	Medicines	FMV (RedBk)
		Middle East and North Africa	Help those in need			880,268	Medicines	FMV (RedBk)
		East Asia and Pacific	Help those in need			110,976	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			92,575	Medicines	FMV (RedBk)
		East Asia and Pacific	Help those in need			7,000	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			29,270	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			66,958	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			1,854,549	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			21,059	Medicines	FMV (RedBk)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶ 100

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Blessings International monitors the use of non-cash assistance to other organizations and partners through its Pharmaceutical Application process. Each organization is required to complete a Pharmaceutical Application before pharmaceuticals are delivered to that organization. The Christian mission or qualified organization must document the country or region where the pharmaceuticals will be distributed and that adequate arrangements are in place for the ultimate distribution of those pharmaceuticals. Each Pharmaceutical Application must be signed by the recipient's medical team primary physician or a medical professional and proof of certification must also be provided. For ongoing clinics, only an initial application is required. At the conclusion of a mission trip, a "feedback" form is requested which provides information about the utilization of medicine, the disposition of any unused medicine, and the success of the mission trip.

SCHEDULE F-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule F (Form 990)

▶ Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

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 in region
Totals ▶					

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Carribean	Help those in need			73,331	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			39,514	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			21,776	Medicines	FMV (RedBk)
		Sub-Saharan Africa	Help those in need			61,159	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			74,831	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			35,966	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			21,536	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			13,928	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			3,836,439	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			104,456	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			18,595	Medicines	FMV (RedBk)
		Central America and the Carribean	Help those in need			27,945	Medicines	FMV (RedBk)
		North America	Help those in need			33,056	Medicines	FMV (RedBk)
		East Asia and Pacific	Help those in need			2,517,086	Medicines	FMV (RedBk)

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BLESSINGS INTERNATIONAL

Employer identification number
73-1130590

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mountain Missions 206 Tenasi Road Copper Hill TN 37317	62-0867677	3		16,694	FMV (RedBk)	Medicines	Help people in need
Good Samaritan Health Svcs 7600 S. Lewis Tulsa OK 74136	73-1559561	3		102,734	FMV	Medicines	Help people in need
Bowery Missions/Christian Herald 40 Overlook Drive Chappaqua NY 10514	13-1617086	3		7,984	FMV	Medicines	Help people in need
Faith Wellness/BMM 7749 Webster Mddlebrg Hts OH 44130	34-0742688	3		16,178	FMV	Medicines	Help people in need
Church of the King P.O. Box 2306 Mandeville LA 70470	72-1191024	3		5,419	FMV	Medicines	Help people in need
SAFE Place, Inc. P.O. Box 416 Pinson AL 35126	63-1207186	3		27,207	FMV	Medicines	Help people in need
Emmanuel Baptist/Southern Conv. 901 Commerce Street Nashville TN 37203	62-0535346	3		8,297	FMV	Medicines	Help people in need
Bread of Healing/Evangelical Luth. 8765 W. Higgins Road Chicago IL 60631	41-1568278	3		6,719	FMV	Medicines	Help people in need
Mission Possible/Hill Country 12124 Ranch Road 620 N Austin TX 78750	74-2389215	3		8,466	FMV	Medicines	Help people in need

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Blessings International monitors the use of non-cash assistance by only dealing with organizations within the U.S. that have an established record of providing medicines to those in need. The application process includes the name of the responsible executive director/manager, functional location address, contact information, telephone and fax numbers, IRS Letter of Determination (501c3),mission statement, and verification of medical license.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Margaret Cramer/Free Clinics Iowa 3200 Grand Ave. Des Moines IA 50312	42-1428706	3		9,079	FMV	Medicines	Help people in need
Millbrook Baptist/Christ Central P.O. Box 387 Wagoner SC 29164	58-2313533	3		9,737	FMV	Medicines	Help people in need
Zoya Ministries P.O. Box 260381 Plano TX 75026	75-2849588	3		10,182	FMV	Medicines	Help people in need
Loving Choices/NWAR Women's 801A South 7th Street Rogers AR 72756	58-1813130	3		5,194	FMV	Medicines	Help people in need
Dallas Life Foundation 1100 Cadiz Circle Dallas TX 75215	75-2336522	3		11,273	FMV	Medicines	Help people in need

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Pharmaceuticals)	X	2400	53,000,445	
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M - Supplemental Information

Blessings International's noncash contributions consist of the estimated average wholesale value (as determined from the Thomson "Red Book") of pharmaceuticals received either by donation or purchase.

For the year ended August 31, 2009, noncash contributions consisted of the following:

Donated pharmaceuticals (See Form 990, Schedule B)	**$19,550,111**
Purchased pharmaceuticals	**33,450,334**
Total	**53,000,445**

SCHEDULE O (Form 990).

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

Form 990, Part III, Line 4d - All Other Achievements

Disaster relief sponsored program funded by Blessings International in collaboration with an indigenous ministry

See Attachment to IRS Form 990, Part III, Item B

HIV/AIDS treatment program

See Attachment to IRS Form 990, Part III, Item D

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Bob Stanton	Paul Stanton
Fin. Officer	BOD Member
Father/Son	

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

All members of the Board of Directors are provided a copy of the draft Form 990 for review and comment before it is filed. Questions and concerns are directed to Management for clarification.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members sign a no conflict of interest statement when joining the Board of Directors. Conflicts involving Board members are decided by the Board of Directors.

The Blessings' Employee Manual contains a paragraph concerning an employee's possible conflict of interest. Each employee signs a written

acknowledgement of the Manual's provisions. Blessings' President resolves all matters related to actual or potential conflicts of interest involving employees.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

BI attempts to pay its CEO a salary competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. A Compensation Committee, consisting of three members of the Board of Directors determine the salary of the CEO on an annual basis. Salary increases are based on availability of funds, performance evaluation, changes in and performance of responsibilities, and adjustments based on annual market surveys.

Form 990, Part VI, Line 15b - Compensation Process for Key Employees

BI attempts to pay its support staff salaries competitive with those paid by other relief and development organizations, consistent with the applicable labor markets. Salary increases are based on availability of funds, performance evaluations, changes in responsibilities, and adjustments based on annual market surveys. The salaries of the support staff are reviewed and approved by the Board of Directors. Officers, other than the CEO, are not compensated.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The following documents are available to the public on the Blessings website (www.blessing.org):

Annual Report (Current)

Form 990 (Current)

Name of the organization: BLESSINGS INTERNATIONAL

Employer identification number: 73-1130590

The following documents are available to the public at Blessings' office, 5881 S. Garnett Ave., Tulsa, OK 74146:

Oklahoma Articles of Incorporation and By Laws

Annual Reports (for last three years)

Form 990 (for the last three years)

Audited financial statements (for last three years)

Federal Statements

Form 990 - Federal General Footnote

Description

Line 8 - DIRECT PUBLIC SUPPORT

The amounts shown in Line 8 of Form 990 represent primarily the estimated average wholesale value of gifts-in-kind contributions and/or purchased pharmaceuticals, as well as cash contributions. Pharmaceuticals obtained either from gifts-in-kind contributions or from purchases are temporarily restricted and cannot be converted into cash, and the majority of them cannot be distributed within the United States of America.

Line 16b - FUND-RAISING EXPENSES

Other than a fund-raising dinner held in November 2007, Blessings International has yet to conduct any special fund-raising events or appeals for the purpose of inducing potential donors to contribute money, services, materials, other assets or time. In addition, the Ministry's various informational materials and outreach newsletters generally do not contain a fund-raising appeal.The Ministry's fund-raising efforts through normal operations consist of the allocated portion of the salary and related overhead of the Ministry's Administrative Assistant and Development Director, and certain identifiable costs related to fund-raising, including consulting services and advertisements for cash donations placed in various publications.

Total costs allocated to fund-raising expenses were $16,675 for the fiscal year ended August 31, 2009.

Blessings International

WORLDWIDE DISTRIBUTION OF PHARMACEUTICALS AWV

Year Ending August 31, 2009

73-1130590

Africa	AWV*	%
Angola	6,013 90	< 1%
Benin	25,345 45	< 1%
Burkino Faso	133,278 58	0 35%
Burundi	259,286 22	0 68%
Cameroon	52,043 58	0 14%
Central African Republic	1,574 30	< 1%
Chad	6,948 34	< 1%
Congo	2,763 05	< 1%
Egypt	30,253 38	< 1%
Ethiopia	123,018 53	0 32%
Gabon	8,153 08	< 1%
Gambia	196,480 77	0 51%
Ghana	92,437 91	0 24%
Ivory Coast	39,389 96	0 10%
Guinea	38,939 86	< 1%
Kenya	481,356 44	1 26%
Liberia	86,187 67	0 23%
Malawi	110,529 64	0 29%
Mali	88,247 59	0 23%
Mauritania	1,810 00	< 1%
Morocco	23,945 71	< 1%
Mozambique	29,351 35	< 1%
Namibia	13,061 43	< 1%
Niger	197,994 13	0 52%
Nigeria	804,364 97	2 10%
Rwanda	54,355 52	0 14%
Senegal	23,988 24	< 1%
Sierra Leone	245,031 86	0 64%
South Africa	36,874 93	< 1%
Sudan	151,810 41	0 40%
Swaziland	48,528 62	0 13%
Tanzania	142,812 65	0 37%
Togo	30,585 39	< 1%
Uganda	236,281 24	0 62%
Zambia	328,753 35	0 86%
Zimbabwe	162,451 76	0 42%
Subtotal:	**4,314,249.81**	**11.26%**

Asia & South Pacific		
Bangladesh	42,768 16	0 11%
Cambodia	447,315 88	1 17%
China	76,457 99	0 20%
India	475,250 26	1 24%
Indonesia	38,386 61	0 15%
Laos	65,154 77	0 26%
Marshall Islands	13,602 90	< 1%
Micronesia, Federal State	11,894 72	< 1%
Mongolia	81,272 15	0 32%
Myanmar	133,516 12	0 52%
Nepal	13,128 80	< 1%
North Korea (DPRK)	3,633,882 40	9 50%
Papua, New Guinea	56,117 86	0 15%
Philippines	242,670 50	0 63%
South Korea	80 00	< 1%
Thailand	60,858 80	0 16%
Vanuatu	7,888 97	< 1%
Vietnam	74,929 85	0 20%
Subtotal:	**5,475,176.74**	**14 62%**

Mexico		
Mexico	1,257,677 30	3 28%
Subtotal:	**1,257,677.30**	**3.28%**

South America	AWV*	%
Argentina	7,677 39	< 1%
Bolivia	28,031 50	< 1%
Brazil	384,523 96	1 00%
Columbia	125,754 22	0 33%
Ecuador	921,093 27	2 41%
Guyana	6,844 30	< 1%
Paraguay	3,014 87	< 1%
Peru	983,836 74	2 57%
Suriname	28,008 77	< 1%
Subtotal:	**2,486,765.02**	**6.53%**

Caribbean		
Bahamas	14,982 11	< 1%
Cuba	24,906 98	< 1%
Dominican Republic	1,151,504 20	3 01%
Dominica	28,854 02	< 1%
Grenada	9,544 12	< 1%
Haiti	6,373,875 89	16 66%
Jamaica	345,900 30	0 90%
Netherlands Antilles	29,514 30	< 1%
Puerto Rico	4,535 14	< 1%
Trinidad and Tobago	45,708 35	0 12%
Subtotal:	**8,029,325.41**	**20.71%**

Eastern Europe & C.I.S.		
Albania	7,714 22	< 1%
Armenia	4,800 00	< 1%
Belgium	1,772 41	< 1%
Bosnia and Herzegovina	352 68	< 1%
Kyrgyzstan	3,502 33	< 1%
Macedonia	2,682 37	< 1%
Moldova	35,535 57	< 1%
Romania	170,275 56	0 44%
Russia	2,323 48	< 1%
Ukraine	44,113 97	0 12%
Yugoslavia	33,003 66	< 1%
Subtotal:	**306,076.25**	**0.56%**

Central America		
Belize	531,990 02	1 39%
Costa Rica	118,452 14	0 31%
El Salvador	510,940 87	1 34%
Guatemala	3,374,485 40	8 82%
Honduras	2,855,153 01	7 46%
Nicaragua	7,336,826 80	19 17%
Panama	469,546 22	1 23%
Subtotal:	**15,197,394.46**	**39.76%**

Middle East		
Afghanistan	8,622 93	< 1%
Georgia	6,400 03	< 1%
Iraq	837,825 77	2 19%
Iran	3,900 00	< 1%
Israel	10,014 06	< 1%
Pakistan	335 10	< 1%
Palestine	29,957 24	< 1%
Subtotal:	**897,055.13**	**2 50%**

U.S.A.		
U S A	299,914 72	0 78%
Subtotal:	**299,914 72**	**0.78%**

GRAND TOTAL	**38,265,654.84**	100 00%

*AWV = Average Wholesale Value

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
Interest Income(savings,CD's)	$ 70,012			
Total	$ 70,012			

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
Dividend income(Arvest Mgmt)	$ 6,131			
Total	$ 6,131			

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	$ 9,060	$ 7,248	$ 1,812	$
Credit card process fees	7,880	7,880		
Misc. distribution costs	5,998	5,998		
Customs fees	5,051	5,051		
Telephone	4,512	3,610	902	
Printing & publications	2,664	2,664		
Dues and fees	2,575		2,575	
Auto expenses	1,159	927	232	
Anniversary celebration	1,012	1,012		
Books and tapes	897	897		
Entertainment	856		856	
Miscellaneous	727	593	134	
Subscriptions	183		183	
Total	$ 42,574	$ 35,880	$ 6,694	$ 0

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
Net handling charges	$	$
2008	2,416,035	1,859,447
2007	1,899,307	1,645,535
2006	1,780,044	1,522,799
2005	1,505,800	1,314,919
2004	1,295,950	670,076
Total	$ 8,897,136	$ 7,012,776