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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

OPE57415C
OMB No 1545-0047

2009
Open to Public Inspection

A	For the 200	09 calendar y	ear, or tax year beginning	, and er	nding				
	heck if applica		C Name of organization					D Emplo	yer identification number
	ddress chang	use IRS label or	OPE	RATION BLESSING,	INC.			İ	
	lame change		Doing Business As					02-	0364878
\equiv	_	type.	Number and street (or P O box if	mail is not delivered to street address)			Room/suite		one number
\equiv	nitial return	See Specific	600A LAFAYETTE	E ROAD				603	<u>-766-8993 </u>
יש	ermination	Instruc-	City or town, state or countr	y, and ZIP + 4				G Gross recei	pts\$ 640,656
	Amended retur	m tions.	PORTSMOUTH	NH 038	01-5435			ļ	
\Box	Application per	nung į	e and address of principal office	r				H(a) Is this a	group return for
_			HN JACOBS					affiliate: H(b) Are all a	
		1	FAYETTE ROAD					include	d? Yes No
			RTSMOUTH	NH 038				If "No,"	attach a list (see instructions)
	Tax-exempt		501(c) (3) ◄ (inse		527				
	Website:		ATIONBLESSING@	· []					exemption number
	Type of organi			ation Other		L '	Year of formation 1	982	M State of legal domicile NH
_P	art I	Summa							
	l	-	the organization's mission o						
õ			•	FURNITURE, HOUSE		-	ND EMERGE	NCY	
nan	A	SSISTAN	CE TO NEEDY FAMI	LIES IN THE SEAC	JAST ARE	LA			
& Governance							50 / 5 1 1 1 1 1 1 1 1 1 1		
Go				continued its operations or o	isposed of m	nore than 2	5% of its net as	1 1	8
Š			g members of the governing		los a dEX			3	8
Activities		•	•	the governing body (Part VI,	line 1b)			4	6
tiv			employees (Part V, line 2a)					5 6	20
Ă			volunteers (estimate if nece	- ·	10			7a	
		-		n Part VIII, column (C), line	12			7a 7b	0
	D Net	unrelated bu	isiness taxable income from	1 FOITH 990-1, line 34		·	Prior Ye		Current Year
	8 Con	ntributions an	d grants (Part VIII, line 1h)					4,271	641,625
GENNAPOR			revenue (Part VIII, line 2g)						
96	-	=	me (Part VIII, column (A), lii					5,276	673
	*		Part VIII, column (A), lines 5	·			-	7,462	-1,642
\$		-		st equal Part VIII, column (A), line 12)		64	2,085	640,656
m	13 Gra	ints and simil	ar amounts paid (Part IX, co	olumn (A), lines 1-3)			54	9,716	512,212
	14 Ben	nefits paid to	or for members (Part IX, co	lumn (A), line 4)					
A page way	15 Sala	aries, other c	ompensation, employee be	nefits (Part IX, column (A), li	nes 5–10)		7	4,432	80,757
쨷	16a Prof	fessional fun	draising fees (Part IX, colun	nn (A), line 11e)					
<u>~3</u>	b Tota	al fundraising	expenses (Part IX, column	n (D), line 25) ▶					· · · · · · · · · · · · · · · · · · ·
€	17 Oth	er expenses	(Part IX, column (A), lines 1	11a-11d, 11f-24f)			3	7,013	<u>36,586</u>
2	18 Tota	al expenses	Add lines 13-17 (must equ	al Part IX, column (A), line 2	.5)			1,161	629,555
Net Assets or 0107	19 Rev	venue less ex	rpenses. Subtract line 18 fro	om line 12				9,076	11,101
- 5 S				RECEIVED.			Beginning of Cu		End of Year
\sse Bala	20 Tota	al assets (Pa	· ·	KEGEIAED			33	5,078	365,856
e e	21 1012		Part X, line 26)	ADA Me sous	38		25	5,078	365,856
	art II	Signatu	nd balances. Subtract line 2 ire Block	15-5 pm 11AH 20 0 6 2010	- [9]			3,070	303,030
	aitii	Jigilatu	Ite Diock	and the sales					at of my knowledge
		and belief, i	t is fue, correct, and complete	ave examined this return, including Declarated of breband other than	an officer) is ba	sed on all inf	ormation of which	and to the bes	any knowledge
Sig	n		1					13/	11/10
He		Sugar	use of officer	co-J		 			
110		1. 7	HN JACOBS			PRESI	DENT	Date	
			r print name and title	· · · · · · · · · · · · · · · · · · ·					
			N V ===	- / ^		Date	Check	ıf	Preparer's identifying number
P ai	d	Preparer's signature	I that	1 (masin	CPA		4/10 self- emplo		(see instructions) P00362122
V re	parer's		AMRROG	I DONAHUE CONG	DON &				20-5551179
Us	e Only	Firm's name		IS STREET	a			EIN Phone	20 00011/9
		if self-emplo address, an		YPORT, MA 019	50				978-462-6674
May	the IRS d			wn above? (see instructions)				110	Yes No

· ·	anization undertake any significant rm 990 or 990-EZ? scribe these new services on Sche	program services during the year which were not	listed on	Yes X No
B Did the orga services?		ke significant changes in how it conducts, any pro	gram	Yes X No
Describe th Section 501	e exempt purpose achievements for (c)(3) and 501(c)(4) organizations	or each of the organization's three largest program and section 4947(a)(1) trusts are required to reported revenue, if any, for each program service reported	rt the amount of grants and	
			12,212) (Revenue \$ IE NEW	
h (0-d-	VE-			
) (Code) (Expenses \$	including grants of \$) (Revenue \$	
o (Code) (Expenses \$	including grants of \$) (Revenue \$	
b (Code) (Expenses \$	including grants of \$) (Revenue \$	
b (Code) (Expenses \$	including grants of \$) (Revenue \$	

A	_			
	Other program services. (Describe in S	chedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
46	Total program service expenses ▶	583,137	<u> </u>	··

	•					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_		<u> </u>
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				_5		_
6	Did the organization maintain any donor advised funds or any similar funds or 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		х
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		х
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		х
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						
	Schedule D, Part VI						
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
7	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII						
7.	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total asset	6					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	es					
_	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						ĺ
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
2.6	Schedule D, Parts XI, XII, and XIII		<u></u>		12		<u> </u>
ZH	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	104	Yes	No X			· '
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12A	1		12		x
о 4а					13 14a		X
b					ı r a		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		x
5	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
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	j	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
\	If "Yes," complete Schedule G, Part III			ļ	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			ı	20		Х

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
72	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
24-	employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	04-		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
254	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-\a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	~ ~	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
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,			
05	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			•
20	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			•
27	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	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		4
_	19° Note. All Form 990 filers are required to complete Schedule O	38		x
		_ 50		

	1990 (2009) OPERATION BLESSING, INC. 02-036	4878			F	Page 5
<u> Pa</u>	art V Statements Regarding Other IRS Filings and Tax Compliance				Yes	No
a la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1		163	110
	U S Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportab	le			}
	gaming (gambling) winnings to prize winners?	•		1c	x	
2a						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (s	ee				i .
	instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year coverage.	ered by				
	this return?			3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	↓	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth		-			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial				l
	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	gn Bank		ľ		
_	and Financial Accounts.	•		_	-	.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	1	╁┸
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity R	egarding		-		
60	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did	t the		<u>5c</u>	+	
6a	organization solicit any contributions that were not tax deductible?	ı ille		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	itions or		, va	+	† <u>*</u>
	gifts were not tax deductible?	ulion3 01		6ь		
	Organizations that may receive deductible contributions under section 170(c).			0.5		†
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods				
_	and services provided to the payor?	g		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	1	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on	a person	al			_
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?		7f	ļ	ļ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as require			7 <u>g</u>	<u> </u>	↓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109	8-C as				
	required?			<u>7h</u>	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng				
•	organization, have excess business holdings at any time during the year?			8	+	+
9	Sponsoring organizations maintaining donor advised funds.			00		-
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b	+	1
10	Section 501(c)(7) organizations. Enter			30	┼	1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	1	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter					1
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				
T2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		·	12a	\perp	<u> </u>
b_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			

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 in Schedule O. See instructions.

	Schedule O. See instructions.			
C	tion A. Governing Body and Management			
			Yes	No
1a		8		
b	Enter the number of voting members that are independent	8		}
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	ļ	<u> </u>
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	İ		,
	the year by the following.		ا ا	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ŀ		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_ X _
	etion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Hev</u>	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь,	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?	10b		ļ
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
44-	form?	11		X
11a	, , , , , , , , , , , , , , , , , , , ,	10-	х	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	<u> </u>
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	106		x
_		12b	 	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	100	x	
13	Does the organization have a written whistleblower policy?	12c	 ^	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	17	 	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			'
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b	 	X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	135		 -
16a				
	with a taxable entity during the year?	16a	x	'
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	132		
	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	x	'
Sec	tion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NH	· · ·		
18	Section 6104 requires an organization to make its Forms 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			
	Own website Another's website X Upon request			
	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 ▶ RICHARD SPARKOWICH 22B OLD FARM ROAD			
K	ITTERY ME 03904			

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

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

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. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average	Posi	tion (C) k all	that app	oly)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GARY HAVENER	2 22	Ī					٦			
DIRECTOR	2.00	X		_	<u> </u>		4	0	0	
GIL HAWKINS TRECTOR	2.00	x						o	0	
GARY HOLMES	=	1	—	T			コ		<u> </u>	
DIRECTOR	2.00	X						0	0	
DAVID TOWNER							コ			
DIRECTOR	2.00	x			L]	0	0	
RICHARD VOLTZ							\neg			
DIRECTOR	2.00	X						0	0	
JOHN JACOBS							ŀ			
PRESIDENT	20.00			X		- -	\dashv	0	0	
PETE DIXON									_	
VICE PRES	5.00		ļ	X	ļ	\vdash	\dashv	0	0	
MARGARET ALLARD	- 00								•	
SECRETARY	5.00	+		X	-	╁┼┼	\dashv	0	0	
							٦	_		
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v	4	_	u	_	o	4	0	,	0	

Part VII	(A) Name and Title	(B) Average	Posi	tion (chec	C) k all t	hat a		(D) Reportable	(E) Reportable		(F)	-
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org an	nount of other pensation the anization delated anizations	1
	·								-				
							 						
													
													
<u> </u>			-										
····													
	number of individuals (ir able compensation from				thos	e lis	ited a	abov	e) who received more than	\$100,000 in			
3 Did the emplo	e organization list any fo oyee on line 1a? If "Yes,' ny individual listed on lin	ormer officer, di complete Sche e 1a, is the sum	ecto dule of re	r or t J for	suc able	h ind	dividi npen:	ual satio	oyee, or highest compensa on and other compensation is," complete Schedule J fo	from		3 Ye	x
									ny unrelated organization fo	or		5	x
Section B.	Independent Contract	ors ve highest comp							ractors that received more	than \$100,000 of			
comp	ensation from the organ Name and	(A) t business address							Descrip	(B) otion of services		(C Compe) nsation
		 .				 -		-					
				 -									
			_										
2 Total	number of independent	contractors (incl	udını		not	lımıt	ed to	the	se listed above) who receiv	ved			
more DAA	than \$100,000 in compe	ensation from the	e org	anız	ation	>						0 Form 9 9	0 (200

Pa	rt Vi	III Statem	ent of Reve	nue						
	·						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				. 1				revenue		512, 513, or 514
T St	1a	Federated cam		1a	_					
go	b	Membership di	ues	1b						
ts,	C	Fundraising ev	rents	1c		13,314				
<u>iga</u>	d	Related organi	zations	1d_						
έĒ	е	Government grants (contributions)	1e						
i S	f	All other contributions	s, gifts, grants,							
35		and similar amounts	not included above	1f		628,311				,
들위		Noncash contribution	ns included in lines 1a-	-	\$	480,920				
오림	9	Total. Add line		,	•		641,625			
-	''	TOTAL Add line	3 1a-11			Busn. Code	012,025		· · · · · · · · · · · · · · · · · · ·	
ᇎ	•					Busii. Code				<u> </u>
ě	2a					-				
ë e	b					+				
울	С								ļ	
တ္တ	d								ļ	, . .
崩	е									
Program Service Revenue Contributions, gifts, grant	f	All other progra	am service reve	nue						
ے	g	Total. Add line	s 2a-2f			▶				
	3	Investment inc	ome (including	dıvıder	ids, intere	est, and				
		other similar ai	mounts)			▶ [673	673		
	4	Income from in	vestment of tax	-exem	pt bond p	roceeds ►			:	
	5	Royalties				▶ [
		ĺ	(ı) Real		(n) F	Personal				
	6a	Gross Rents	.,,		, ,					;
	b	Less rental exps								į.
_,		· •								
	0	Rental inc or (loss)	or (loss)							
		d Net rental income or (loss) 7a Gross amount from (i) Securities (ii)								
		sales of assets	(i) Securite:	5	(11)	Other				
		other than inventory			ļ					
	b	Less cost or other				ŀ				
		basis & sales exps			<u> </u>					
	C	Gain or (loss)					-			
	d	Net gain or (los	ss)			•				
41	8a	Gross income fro	om fundraising eve	nts						
nue		(not including \$				1				ľ
Š			eported on line 1c)						
č		See Part IV, line		a						
Other Reven	ь	Less direct ex		ь						
δ	-		(loss) from fund	raisino	events	•	n		-	-
	92	Gross income fro			3 0 0 0 1 10		· -		 	
	Ju	See Part IV, line		a						
	.	Less. direct ex		a b						
			-	~ (A	•		 		
		Net income or		-	tivities					
	าบล	Gross sales of	-							
		returns and all		а	<u> </u>			1		
	1	Less cost of g		b						
	С	Net income or			ventory	•		ļ	ļ	
		Misce	ellaneous Revenue	•		Busn. Code				
	11a	MISC. INC	OME				1,972		ļ	1,972
	ь	PTR/S COR	P GROSS INC	OME		L	-3,614	-3,614		
	С									
	đ	All other reven	ue							
	е	Total. Add line	es 11a-11d			>	-1,642			
	12	Total Revenue	e. See instructio	ns		▶ [640,656	-2,941	. 0	1,972

Statement of Functional Expenses Part IX

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must o	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
_	not include amounts reported on lines 6b, 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			g	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22	512,212	512,212		
2	· · · · · · · · · · · · · · · · · · ·	720,220	920,222		···
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	60 600	22 740	37 000	
7	Other salaries and wages	60,628	32,740	27,888	
8	Pension plan contributions (include section 401(k)	į			
_	and section 403(b) employer contributions)	E 10F		E 10F	
9	Other employee benefits	5,125	0 100	5,125	
10	Payroll taxes	15,004	8,103	6,901	
11	Fees for services (non-employees)	1			
а	Management				
b	Legal	4 =		4 ===	
C	Accounting	1,752		1,752	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				.
g	Other				
12	Advertising and promotion				
13	Office expenses	7,314	5,986	1,328	
14	Information technology				
15	Royalties				
16	Occupancy	13,767	12,257	1,510	
17	Travel	1,513		1,513	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				·· <u>·</u> ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,121	9,936	185	
23	Insurance				·
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	MISCELLANEOUS EXPENSE	2,119	1,903	216	
þ					
C					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	629,555	583,137	46,418	
26	Joint costs. Check here I if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and		}		
DAA	fundraising solicitation				Form 990 (2000)
JMM					

Form 990 (2009)

Balance Sheet Part X (A) (B) Beginning of year End of year 32,579 47,715 Cash-non-interest bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 215,851 other basis Complete Part VI of Schedule D 10a 155,534 70,438 10b 60,317 b Less accumulated depreciation 1,443 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 250,618 256,704 Other assets See Part IV, line 11 15 15 355,078 365,856 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 355,078 365,856 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 355,078 365,856 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 355,078 365,856

Form **990** (2009)

Form	n 990 (2009) OPERATION BLESSING, INC. 02-0364878		Pa	ge 12
	art XI Financial Statements and Reporting			
			Yes	No
_ 1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		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?	2c	X_	L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		_	l
За	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		<u> </u>
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 in Schedule O and describe any steps taken to undergo such audits.	3b		L
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

partment of the Treasury rnal Revenue Service Name of the organization

Inspection Employer identification number

_			OPERATION BL	ESSING, INC.					02-	<u>0</u> 36	4878	<u> </u>		
Pa	art I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	part.) S	See in	struct	ions.			
The	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	heck only	one box)							
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3		A hospital or	a cooperative hospital service	ce organization described in sec	tion 170(b)(1)(A)(i	ii).							
4		A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's	name	,	
		city, and state	е											
5		An organizati	on operated for the benefit o	of a college or university owned	or operate	ed by a go	overnme	ntal uni	descri	oed in				
		section 170(b)(1)(A)(iv). (Complete Part	II)										
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A)(v).							
7		An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or f	rom the	genera	l public				
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)										
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)									
9	X	An organizati	on that normally receives: (1	1) more than 33 1/3 $\%$ of its sup	port from	contribut	ons, me	mbersh	ıp fees,	and gr	oss			
		receipts from	activities related to its exem	npt functions—subject to certain	exception	ns, and (2	?) no mo	re than	33 1/3 °	% of its				
		support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	511 tax) from b	usiness	ses				
	_	acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	(Complet	te Part III)							
10	Ц	An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 50	9(a)(4).							
11		An organizati	on organized and operated of	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	€				
		•		ed organizations described in se					-	section	1			
		<u> </u>		he type of supporting organizati			nes 11e	— ·						
		a Type		c Type III–Functions			d (e III–Ot					
е	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
.,		•	-	and other than one or more put	olicly supp	orted org	anızatıo	ns desc	ribed in	section	1			
		. , . ,	section 509(a)(2)		_	_	_							
f		_		ermination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting					[J
		-	check this box			•								
g				tion accepted any gift or contrib	ution from	any of tr	16							
		following per												
				ontrols, either alone or together	with perso	ons descr	ibea in (11)				11-(3)	Yes	No
				f the supported organization?								11g(i)		
		• •	member of a person describ	• • • • • • • • • • • • • • • • • • • •								11g(II)	 	
h			•	described in (i) or (ii) above? he supported organization(s)								[11g(III)	L	<u>. </u>
_ <u>h</u>	Name	e of supported	(ii) EIN	(III) Type of organization	(IV) Is the	organization	(v) Did v	ou notify	(10)	s the	- (vii) Am	ount of	
(1)		anization	(1) 2.14	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col	,	supp		
				above or IRC section	governing	document?		of your oort?		zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
		· · · · ·											·	
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		_												
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_]									

Page 2

Pa	Irt II Support Schedule for On (Complete only if you che)(1)(A)(IV) and	17U(D)(1)(A)(VI)
Sec	tion A. Public Support		-, 1-				
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			<u> </u>			
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						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructions	_ 	<u> </u>	 	12	
13	First five years. If the Form 990 is for the			urth, or fifth tax ve	ar as a section 50		
	organization, check this box and stop her	-	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		(-/(-/	▶ [
Sec	tion C. Computation of Public Su		ntage				
14	Public support percentage for 2009 (line 6	, column (f) dıvıdı	ed by line 11, colun	nn (f))		14	%
15	Public support percentage from 2008 Sch	edule A, Part II, lı	ne 14			15	%
16a	33 1/3 % support test-2009. If the organ	ization did not ch	eck 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 sup	oorted organization	ı			▶ [
b	33 1/3 % support test—2008. If the organ	ization did not ch	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or i	nore, check this	_
	box and stop here. The organization qual	fies as a publicly	supported organiza	ation			▶ [
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts and circumstances the "facts and circumstances".	acts-and-circums	ances" test, check	this box and stop	here. Explain in P	art IV how the	▶ [
h	organization meets the "facts-and-circums						
b	10%-facts-and-circumstances test—200 more, and if the organization meets the "fa						
	organization meets the "facts-and-circums			•	•		
18	Private foundation. If the organization did				•		
	- Trate roundation. If the organization did	THOI CHECK A DOX	on mie 15, 10a, 10	,, i/a, or i/b, cill	של מווט שלא מווט אינ		

OPE57415C Schedule A (Form 990 or 990-EZ) 2009 OPERATION BLESSING, INC. 02-0364878 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) ection A. Public Support calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 670,234 607,768 644,271 641,625 2,563,898 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 Gross receipts from activities that are not an unrelated trade or business under section 513 1,972 1,972 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 644,271 Total. Add lines 1 through 5 670,234 607,768 643,597 2,565,870 Amounts included on lines 1, 2, and 3 7a received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6) 2,565,870 ection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total Amounts from line 6 670,234 607,768 644,271 643,597 2,565,870 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 1,734 673 7,081 2.427 2,247 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 673 7,081 Add lines 10a and 10b 2,427 2,247 1,734 C 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) 1,708 1,206 3,542 6.456 Total support. (Add lines 9, 10c, 11, 13

4 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

Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

Public support percentage from 2008 Schedule A, Part III, line 15

16

674,369

611,221

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17

644,270

2,579,407

99.48%

99.34%

%

%

33 1/3 % support tests—2009. 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

33 1/3 % support tests—2008. 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

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

and 12)

Schedule A (Form 990 or 990-EZ) 2009 OPERATION BLESSING, INC.

02-0364878

Page 4

art IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

\$

6,456

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

ame of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open to Public Inspection

OPERATION BLESSING, INC. 02-0364878 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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 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 Assets included in Form 990, Part X

Sche		BLESSING,			02-0364			Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Tre	asures, oi	Other Sim	ilar Assets	<u>(continu</u>	<u>ed)</u>
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, o	check any of the follow	wing that are	a significant us	se of its	_	
а	Public exhibition	d Lo	an or exchange progr	ams				
b	Scholarly research	e Otl						
c	Preservation for future generations	٠ ا						
					_			
4	Provide a description of the organization's colle Part XIV	ections and explain he	ow they further the or	ganization's e	exempt purpos	e in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of a be maintained as part	art, historical treasure of the organization's	s, or other sir collection?	nılar		Yes	∏ No
Pa	rt IV Escrow and Custodial Arrar	ngements. Com	olete if the organ	ization ans	swered "Ye	s" to Form 9		
	IV, line 9, or reported an ame	ount on Form 99	0, Part X, line 21					
1a	Is the organization an agent, trustee, custodian	n or other intermediar	y for contributions or	other assets	not			
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIV at	nd complete the follo	wing table				_	
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on For	m-990. Part X. line-21	·		 -		Yes	No
	If "Yes," explain the arrangement in Part XIV							
	ert V Endowment Funds. Comple	ete if organization	answered "Yes	" to Form !	990. Part IV	/. line 10.		
		(a) Current year	(b) Prior year	(c) Two ye		hree years back	(e) Four y	ears back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , ,	(4)	(1)	,	,	(0) 1 0 0 1)	
	Contributions		1		***************************************			
	Net investment earnings, gains,							
·	and losses							
				-}				
	Grants or scholarships			+				
e	Other expenditures for facilities							
	and programs							
T	Administrative expenses							-
g	End of year balance		<u> </u>				L	
2	Provide the estimated percentage of the year e	end balance held as:						
а	Board designated or quasi-endowment ▶	[%]						
þ								
	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	sion of the organization	n that are held and a	dministered fo	or the		_	
	organization by						Y	res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related organizations I	isted as required on s	Schedule R?				3b	
4	Describe in Part XIV the intended uses of the control of the contr	organization's endowi	ment funds					
Pa	rt VI Investments—Land, Buildir	ngs, and Equipm	ent. See Form 9	90, Part X	(, line 10.			
	Description of investment	(a) Cost or other bas	sis (b) Cost or	other	(c) Accumula	ated	(d) Book va	alue
		(investment)	basis (oth	ner)	depreciation	on		
1a	Land							
	Buildings		4	1,580	18	3,122	2	3,458
c	Leasehold improvements			3,602		,396		1,206
q	Equipment			2,216		,352		1,864
u	Other			0 153		664		2 700

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 OPERATION BLESSING,]	INC.	02-0364878	Page 3
Part VII Investments—Other Securities. See Form 99	00, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	rket value
ancial derivatives	_		
Closely-held equity interests			
Other	-		
		<u> </u>	
	·		
	·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			<u></u>
Part VIII Investments—Program Related. See Form 9		I (a) Mathadad at a la	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		Cost of end-of-year ma	
	 	-	
		+	
		+	······································
			
		-	
		+	
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		+	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.		1	
(a) Description	· · · ·		(b) Book value
	PARTNERSHIP		256,704
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	<u>256,704</u>
Part X Other Liabilities. See Form 990, Part X, line 2	25	·	
1 (a) Description of liability	(b) Amount	_	
Federal income taxes	<u> </u>	_	
		_i	
		_	
		_	
		_	
		_	
		_	
		4	
		4	
		4	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the org	anization's financial statem	ents that reports the	

	dule D (Form 990) 2009 OPERATION BLESSING, INC.		02-036487	_		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Statem	nents	··-·-	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		
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		
9	Total adjustments (net) Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		· .	10		
_Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	/ith Revenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u>-</u>			
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c]		
ď	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per f	Retur	n	
1	Total expenses and losses per audited financial statements		•	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-	
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
	Other losses	2c		1 i		
d	Other (Describe in Part XIV)	2d		1		
е	Add lines 2a through 2d	·····		2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b		1 1		
	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
	art XIV Supplemental Information		11111			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a	and 4 Part IV lines 1b			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lin					
	part to provide any additional information	00 20	and to mod complete			
	sar to provide any additional information					
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Sche	edule	e D (I	Form	990)	200	9	OP	ER	ATI	ON.	B	LES	SII	٧G,	I	NC	•					02	-03	564	87	8		_		Pa	ige 5
Pa	art 2	XIV	· S	upp	lem	ent	al Ir	nfor	mat	ion	(co	LES ntinu	ed)																		
			•																												
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Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

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OMB No 1545-0047

OPE57415C

Open to Public Inspection

Employer identification number

ļ		% X]se ▶ [rant					
er		☐ Yes	vered "Yes" to ore than \$5,000. L	(h) Purpose of grant or assistance					
Employer identification number 02-0364878		þ	janization ansv nt received mo	(g) Description of non-cash assistance					
Employer 0.2 - 0.3		s or assistance, an	plete if the org no one recipie	(f) Method of valuation (book, FMV, appraisal, other)					
		eligibility for the grants	i ted States. Com Check this box if	(e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, other)					
		istance, the grantees' in the United States	zations in the Un ore than \$5,000. leeded	(d) Amount of cash grant					
		ants or ass	d Organi ceived m pace is n	(c) IRC section if applicable					
INC.	Assistance	ie amount of the grice?	vernments and cipient that recipient that recipient if additional significant controls.	(b) EIN					organizations
Name of the organization OPERATION BLESSING,	Genera	selecti	If Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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	(a) Name and address of organization or government					Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations
Nате of	Part	- «	<u>5</u>	-					8 E

Schedule I (Form 990) 2009

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

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 02-0364878 Schedule I (Form 990) 2009 OPERATION BLESSING, INC. Part III

Use railly alla sciledule i-i (rollii 330) ii addiioliai space is ileeded.	(1 01111 330) II additio	iai space is liceacu.			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
FOOD	3527		105,755	FMV	FOOD
CLOTHING	5917		164,270	FMV	CLOTHING
FURNITURE	386		85,432	FMV	FURNITURE
HOUSEHOLD GOODS	889		62,243	FMV	HOUSEHOLD GOODS
EMERGENCY ASSISTANCE	431	25,837	26,070	FMV	
AUTOMOBILES	ro.		11,313	FMV	AUTOMOBILES
INDIVIDUAL ASSISTANCE		7,307	23,985	FMV	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	Complete this part to p	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury ternal Revenue Service

Name of the organization

OPERATION BLESSING, INC.

Employer identification number

	rt I Types of Property	<u> </u>	SING, INC.		102-0304876			
	iti Types of Floperty	1,_,	/L\	(6)	1.15			
		(a) Check if	(b) Number of Contributions	(c) Revenues reported on	(d) Method of determining			
		applicable	Number of Continuumons	Form 990, Part VIII, line 1g	revenues			
_		арриодые		1 0111 000,1 411 1111, 1110 19	10001000			
1	Art—Works of art	<u> </u>				 -		
2	Art—Historical treasures						-	
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household			400 000				
	goods	X		480,920				
6	Cars and other vehicles			_				
7	Boats and planes			<u> </u>				
8	Intellectual property	ļ						
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							
	contributionOther							
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	L						
23	Scientific specimens	ļ						
24	Archeological artifacts							
25	Other ► (
26	Other ► (<u> </u>						
27	Other ► (<u> </u>					
28	Other ►(<u></u>						
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization	n receive b	y contribution any prope	rty reported in Part I, lines	1-28 that			
	it must hold for at least three years	from the da	ate of the initial contribut	ion, and which is not requir	red to be	_	ļ	1
	used for exempt purposes for the en	ntire holdin	g period?			30a		X
b	If "Yes," describe the arrangement	n Part II				ŀ		ĺ
31	Does the organization have a gift ad	cceptance	policy that requires the r	eview of any non-standard		.		
	contributions?					31		х
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell r	noncash			
_	contributions?	-	-	•		32a		X
b	If "Yes," describe in Part II							
33	If the organization did not report rev	enues in c	olumn (c) for a type of p	roperty for which column (a	ı) ıs checked,			
	describe in Part II.			<u> </u>				<u></u>

Page 2

Schedule M (Form 990) 2009 OPERATION BLESSING, INC. 02-0364878

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 O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Separtment of the Treasury ernal Revenue Service

Name of the organization

OPERATION BLESSING, INC.

Employer identification number

02-0364878

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AND/OR FORM 990
AVAILABLE TO THE PUBLIC, UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

OMB No 1545-0172

Attachment Sequence No

ne(s) shown on return

OPERATION BLESSING, INC.

► See separate instructions.

Identifying number

02-0364878 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount See the instructions for a higher limit for certain businesses 250,000 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Flected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 10,121 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (business/investment use (f) Method (a) Classification of property placed in service (e) Convention (a) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs S/L MM property 27 5 yrs MM S/L ММ Nonresidential real S/L 39 vrs property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/I S/L b 12-year 12 yrs. 40-vear 40 yrs MM S/L Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 10,121 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23