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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09/01/09 , and ending 08/31/10

B Check if applicable
- [X] 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): 1650 N. INDIANWOOD AVE.

Room/suite:

City or town, state or country, and ZIP + 4: BROKEN ARROW OK 74012

D Employer Identification number: 73-1130590

E Telephone number: 918-250-8101

G Gross receipts $: 39,023,841

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 [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

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

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.blessing.org

H(c) Group exemption number ▶

K Type of organization: [X] 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 net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	53,159,419	35,821,999
	9 Program service revenue (Part VIII, line 2g)	2,416,035	3,150,817
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,000	39,053
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,362	11,972
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,658,816	39,023,841
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,305,705	38,937,677
	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)	425,606	509,677
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,020		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,860,174	1,885,665
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	40,591,485	41,333,019
	19 Revenue less expenses Subtract line 18 from line 12	15,067,331	-2,309,178

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	22,755,186	20,551,595
	21 Total liabilities (Part X, line 26)	124,522	230,109
	22 Net assets or fund balances Subtract line 21 from line 20	22,630,664	20,321,486

Part II Signature Block

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

Sign Here

▶ Signature of officer: Harold C. Harder

▶ Type or print name and title: HAROLD C HARDER Date: 6 Jan 2011

Paid Preparer's Use Only

Preparer's signature: [signature] Date: 01/04/11 Check if self-employed ▶ [ ] Preparer's identifying number (see instructions) P00579236

Firm's name (or yours if self-employed), address, and ZIP + 4: Hood Sutton Robinson & Freeman, 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

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

DAA

Form **990** (2009)

SCANNED JAN 25 2011

23P

Part III Statement of Program Service Accomplishments

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 $ 14,819,021 including grants of $) (Revenue $)

Relief and development programs directed by Blessings International and by collaboration with other organizations

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

4b (Code) (Expenses $ 36,860 including grants of $) (Revenue $)

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

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

4c (Code) (Expenses $ 25,721,965 including grants of $) (Revenue $)

Medicines for short-term medical teams

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

4d Other program services. (Describe in Schedule O.)

(Expenses $ 574,898 including grants of $) (Revenue $)

4e Total program service expenses ▶ 41,152,744

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	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		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• 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 assets 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 addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	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 (Yes: , No: X)	12A		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 United States?	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 United States? 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 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
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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	X	
22	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 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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, 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
b	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		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-chantable 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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 12			
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
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	**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 sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**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 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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	8		
b	Enter the number of voting members that are independent	1b	7		
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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 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.

[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 1650 N. Indianwood Avenue Broken Arrow OK 74012 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 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.

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

(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	60.00	X		X				132,000	0	13,200
Chisoo Choi, M.D. Vice Pres	1.00	X		X				0	0	0
Linda Harder(non-voting) Secretary	1.00	X		X				0	0	0
Leslie Pierce Treasurer*	4.00	X		X				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
Stuart Quartemont, M.D. Board Member		X						0	0	0
Robert E. Stanton, MBA Fin. Officer	20.00			X				21,087	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 ▶								153,087		13,200

2 Total number of individuals (including but not limited to those listed above) 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	2,618,181

2 Total number of independent contractors (including but not limited to those listed above) 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	35,821,999			
	g Noncash contributions included in lines 1a-1f	$	35,642,326			
	h **Total.** Add lines 1a–1f	▶	35,821,999			
Program Service Revenue		Busn. Code				
	2a Net Handling Charges		3,150,817	3,150,817		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	3,150,817			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	39,053	39,053		
	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		11,972	11,972		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	11,972			
	12 **Total Revenue.** See instructions	▶	39,023,841	3,201,842	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	545,603	545,603		
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	38,392,074	38,392,074		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	132,000	105,600	19,800	6,600
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	287,248	229,798	52,844	4,606
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,158	24,126	4,913	1,119
9 Other employee benefits	29,784	23,828	5,199	757
10 Payroll taxes	30,487	24,390	5,240	857
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,850		10,850	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	861	861		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	32,680	26,144	6,536	
17 Travel	11,372	11,372		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,859		2,859	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,039	20,831	5,208	
23 Insurance	35,169	28,135	6,942	92
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	1,466,836	1,466,836		
b Postage and shipping	173,596	173,127	469	
c Misc. distribution costs	24,327	24,327		
d Bad debts	20,686		20,686	
e Supplies	17,886	14,309	3,577	
f All other expenses	62,504	41,383	10,132	10,989
25 Total functional expenses. Add lines 1 through 24f	41,333,019	41,152,744	155,255	25,020
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		64,995	1	366,774
	2	Savings and temporary cash investments		3,183,032	2	1,032,793
	3	Pledges and grants receivable, net		50,188	3	43,790
	4	Accounts receivable, net		144,197	4	80,068
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		18,527,601	8	15,271,650
	9	Prepaid expenses and deferred charges		84,319	9	233,003
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,647,914			
	b	Less: accumulated depreciation	10b 164,890	336,473	10c	3,483,024
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		36,036	12	40,493
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		328,345	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,755,186	16	20,551,595
Liabilities	17	Accounts payable and accrued expenses		101,257	17	98,622
	18	Grants payable			18	
	19	Deferred revenue			19	100,380
	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	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		23,265	25	31,107
	26	**Total liabilities.** Add lines 17 through 25		124,522	26	230,109
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		3,985,801	27	4,940,300
	28	Temporarily restricted net assets		18,644,863	28	15,381,186
	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		22,630,664	33	20,321,486
	34	Total liabilities and net assets/fund balances		22,755,186	34	20,551,595

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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? 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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

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. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An 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).**

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(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) 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3 % support test—2009.** 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—2008.** 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—2009.** 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—2008.** 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) 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")	17,455,462	23,841,207	23,379,476	53,159,419	35,821,999	153,657,563
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	1,505,800	1,780,044	1,899,307	2,416,035	3,150,817	10,752,003
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	18,961,262	25,621,251	25,278,783	55,575,454	38,972,816	164,409,566
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	1,314,919	1,522,799	1,645,535	1,859,447	2,760,579	9,103,279
c Add lines 7a and 7b	1,314,919	1,522,799	1,645,535	1,859,447	2,760,579	9,103,279
8 **Public support** (Subtract line 7c from line 6.)						155,306,287

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	18,961,262	25,621,251	25,278,783	55,575,454	38,972,816	164,409,566
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,886	101,761	93,529	74,000	39,053	428,229
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	119,886	101,761	93,529	74,000	39,053	428,229
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,920	1,505	4,930	9,362	11,972	34,689
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	19,088,068	25,724,517	25,377,242	55,658,816	39,023,841	164,872,484

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 2009 (line 8, column (f) divided by line 13, column (f))	15	94.20%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	96.01%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	.2597 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	.2455 %

19a **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 ▶ ☒

b **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 ▶ ☐

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 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

Restocking fees, misc.	**$ 34,689**

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

9 In Part 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b

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) Accumulated depreciation	(d) Book value
1a Land		253,649		253,649
b Buildings		2,876,735		2,876,735
c Leasehold improvements				
d Equipment		517,530	164,890	352,640
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				3,483,024

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		
Closely-held equity interests		
Other		
Total. (Column (b) must 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) must 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) must equal Form 990, Part X, col. (B) line 15) ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
Accrued payroll	20,497
Accrued pension plan contribution	9,826
Other accrued liabilities	784
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	31,107

2. FIN 48 Footnote. 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,023,841
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,333,019
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,309,178
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-2,309,178

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	42,287,518
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	3,263,677		
e	Add lines 2a through 2d			2e	3,263,677
3	Subtract line 2e from line 1			3	39,023,841
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			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	39,023,841

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

1	Total expenses and losses per audited financial statements			1	41,333,019
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	41,333,019
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 must equal Form 990, Part I, line 18)			5	41,333,019

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Decrease in temporarily restricted net assets $ 3,263,677

Part XIV Supplemental Information (continued)

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for region
Central America and Carribean			Program services	Pharmaceuticals/cash	23,655,585
East Asia and Pacific			Program services	Pharmaceuticals/cash	3,874,311
Europe			Program services	Pharmaceuticals/cash	224,164
Middle East and North Africa			Program services	Pharmaceuticals/cash	193,489
North America			Program services	Pharmaceuticals	1,463,196
Russia and the Newly Independent States			Program services	Pharmaceuticals	244,231
South America			Program services	Pharmaceuticals/cash	2,836,854
South Asia			Program services	Pharmaceuticals/cash	641,785
Sub-Saharan Africa			Program services	Pharmaceuticals/cash	5,258,459
Totals ▶					38,392,074

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)
		South Asia	Help those in need	17,800	Wire transfer			
		Central America & Carribean	Help those in need			96,770	Medicines	FMV (RedBk)
		Central America	Help those in need			9,418	Medicines	FMV (RedBk)
		North America	Help those in need			161,724	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			6,062	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			5,902	Medicines	FMV (RedBk)
		East Asia and Pacific	Help those in need			146,735	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			9,515	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			20,228	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			125,956	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			29,514	Medicines	FMV (RedBk)
		Sub-Saharan Africa	Help those in need			20,069	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			50,678	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			49,162	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			43,987	Medicines	FMV (RedBk)
		Sub-Saharan Africa	Help those in need			13,592	Medicines	FMV (RedBk)

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

3 Enter total number of other organizations or entities ▶ 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 Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See Instructions for Schedule F (Form 990).

OMB No 1545-0047

2009

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 for region
Totals ▶					

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & Carribean	Help those in need			110,864	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			35,380	Medicines	FMV (RedBk)
		North America	Help those in need			40,421	Medicines	FMV (RedBk)
		East Asia	Help those in need and Pacific			2,119,106	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			9,642	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			28,784	Medicines	FMV (RedBk)
		Central America & Carribean	Help those in need			7,559	Medicines	FMV (RedBk)
		North America	Help those in need			8,219	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 United States

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

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? . . [X] 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" 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 ▶ [ ]

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		21,976	FMV(RedBk)	Medicines	Help people in need
Good Samaritan Health Svc. 7600 S. Lewis Tulsa OK 74136	73-1559561	3		125,504	FMV	Medicines	Help people in need
Dallas Life Foundation 1100 Cadiz Circle Dallas TX 75215	75-2336522	3		7,683	FMV	Medicines	Help people in need
Faith Wellness/BMM 7749 Webster Mddlebrg Hts OH 44130	34-0742688	3		25,125	FMV	Medicines	Help people in need
Agape Clinic Ministries 4105 Junius Street Dallas TX 75215	74-1159753	3		9,418	FMV	Medicines	Help people in need
The SAFE Place, Inc. P.O. Box 416 Pinson AL 35126	63-1207186	3		40,396	FMV	Medicines	Help people in need
Mae Davis Free Clinic 3200 Grand Ave. Des Moines IA 50312	42-1428706	3		7,880	FMV	Medicines	Help people in need
Menlo Park Presbyterian Church 950 Santa Cruz Ave. Menlo Park CA 94025	94-1167435	3		14,143	FMV	Medicines	Help people in need
Mission Possible/Hill Country 12124 Ranch Road 620 N Austin TX 78750	74-2389215	3		13,807	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" to Form 990, Part IV, line 22. Use Part IV and 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 Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

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 United States (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		8,832	FMV	Medicines	Help people in need
Southwestern Christian Fellowship 333 N. Washington Ave. Dallas TX 75246	75-6044885	3		20,823	FMV	Medicines	Help people in need
Heart Beat Mission 3911 Stonegate Park Drive St. Joseph MI 49085	32-0166354	3		12,198	FMV	Medicines	Help people in need
Lincoln Clinic LLC P. O. Box K Bastrop TX 78602	83-0349701	3		30,658	FMV	Medicines	Help people in need
His Healing Hands UCC 2025 W. Holmes Road Lansing MI 48910	26-3067328	3		19,323	FMV	Medicines	Help people in need
People's City Missions 401 N. 2nd Street Lincoln NE 68508	26-3819766	3		14,011	FMV	Medicines	Help people in need
Healing Gift Free Clinic, LLC 2650 Farnam Street Omaha NE 68131	27-0906099	3		11,508	FMV	Medicines	Help people in need

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

(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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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

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	35,642,326	
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
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 noncash 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 of pharmaceuticals received by purchase or donation. The estimated average wholesale value of pharmaceuticals received is determined from the latest applicable Thomson Reuters "Red Book."

For the year ended August 31, 2010, noncash contributions consisted entirely of purchased pharmaceuticals with an estimated average wholesale value of $35,642,326.

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
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Name of the organization
BLESSINGS INTERNATIONAL

Employer identification number
73-1130590

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

U.S.A. Indigent Care

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 11a - Organization's Process 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. Board members, 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)

The following documents are available to the public at Blessings' office, 1650 N. Indianwood Avenue, Broken Arrow, OK 74012:

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)

Blessings International 73-1130590
Attachment to IRS Form 990, Part III
FYE September 1, 2009 to August 31, 2010

Part III Organization's Primary Exempt Purpose:

Alleviating suffering and providing medicines worldwide by facilitating relationships to promote health

Part III Statement of Program Service Accomplishments:
Consistent with the above mission statement, Blessings International provided the following program services:

A. Relief and development programs directed by Blessings International and by collaboration with other organizations: Specific programs designed to supply pharmaceuticals, and medical supplies for relief and development efforts following national disasters and wars or various types of armed conflict as well as in developing nations struggling to improve medical services including: **Haiti, Iraq, Myanmar, Nicaragua, and North Korea.** (Program Service Expense, $14,819,021)

B. Terrorism Relief sponsored program funded by Blessings International in collaboration with an Indigenous Ministry: Last year's Annual Report, BI's efforts to bring quick relief to two, all Christian, villages, Gojora and Korian, that were burned as a result of false blasphemy charges against one person in each of these communities. After an initial distribution of food, funds were provided for school uniforms for children whose clothing were burned as a result of the arson. In early December, Blessings in country partner, Christian Strategic Initiative or CSI-Pakistan, obtained permission to receive an air cargo shipment of pharmaceuticals directly from BI. The shipment was received by this ministry the day after it arrived in Lahore, Pakistan. This was the first ever major direct international air cargo shipment by BI. It was made possible by having the certificates of analyses that are required by medical authorities for direct shipments to other nations. The capability of this shipment was a secondary blessing of BI's import for export program of pharmaceuticals initiated in earnest several years ago. The rapid clearance of this shipment is a harbinger of future direct shipments involving our IFE drugs and any drugs for which we can obtain a COA, something that is very difficult for US made medicines.

In addition to providing medical services and medicines for the two villages mentioned above, BI topped off the end of 2009 with a donation of wool sweaters and quilts for families whose old homes had burned and whose new concrete houses very cold as a result of the concrete not being dry when they were moved into. Uncured concrete conducts heat much more readily than fully dried and cured concrete, like damp clothing in contrast to dry clothing. The provision of quilts and

wool sweaters was accomplished by a cash donation of $4,000 to CSI. **Program Service Expense: $36,860.**

C. Medicines for short-term medical teams: Pharmaceuticals and Medical Supply Program for short-term medical teams visiting developing nations to serve indigent children and adults suffering from various diseases and illnesses. These teams are organized by ministries and churches that are independent of Blessings International. **Program Service Expense: $25,721,965.**

D. USA Indigent Care: This program supplied purchased medicines for indigents and the working poor that were treated through non-profit and church-based clinics in the USA. The value of shipments to US indigent care clinics increased about 80% over last year as a result of the continuing recession. Once again this year, Blessings received major cash contributions for US clinics. These donations were used to give a major discount on all shipments of purchased medicines to US clinics up to a certain dollar amount. In this way Blessings International has been able to spread the blessing of these gifts to include the smallest as well as the very large clinics that are served. This year BI served 41 clinics operated by Christian/charitable organizations in nineteen states. Even though the total value of shipments to US clinics is only about 1% of the value of all shipments, Blessings International is committed especially to helping the working poor of this nation. The potential impact of the newly passed nation wide health plan on these efforts cannot be predicted; nevertheless with the deep economic recession now gripping the USA, we would not expect much impact to occur for at least a year because such a massive program that incorporates 40 million people who have not previously had even regular primary care will require training many more health professionals to cope with such a massive increased patient load. **Program Service Expense $574,898.**

Total Program Service Expenses for FY 09-10: $41,152,744.

A detailed breakdown is attached showing the countries where the program services were distributed for the fiscal year ended August 31, 2010.

Blessings International **WORLDWIDE DISTRIBUTION OF PHARMACEUTICALS AWVYear Ending August 31, 2010**

9. Sub-Saharan Africa	AWV*	%
Angola	1,087 10	<.1%
Burkino Faso	21,445.15	<.1%
Burundi	60,206 76	0 15%
Cameroon	130,865 28	0 34%
Central African Republic	832.31	< 1%
Chad	11,200.79	< 1%
Congo, Republic of	91,154 91	0 23%
Congo, Democratic Republic	4,243 50	< 1%
Ethiopia	200,473 93	0 52%
Gambia	61,895 59	0 16%
Ghana	272,435 26	0 70%
Ivory Coast (Cote d'Ivoire)	217,438.44	0 56%
Guinea	1,996.69	< 1%
Kenya	544,410 20	1.40%
Liberia	366,808.42	0 94%
Malawi	217,361 90	0 56%
Mali	168,869 99	0.43%
Mozambique	15,758 68	<.1%
Namibia	32,427 60	< 1%
Niger	191,209 31	0 49%
Nigeria	1,246,442 10	3 20%
Rwanda	49,618.61	0 13%
Senegal	45,552.63	0 12%
Sierra Leone	253,738 22	0 65%
South Africa	129,597 52	0 33%
Sudan	76,468.55	0.20%
Swaziland	42,024 87	0.11%
Tanzania	178,217 78	0 46%
Togo	8,088 49	<.1%
Uganda	196,136.78	0 50%
Zambia	291,025 18	0 75%
Zimbabwe	130,213 66	0.33%
Subtotal:	**5,258,159.07**	**13.25%**

2. East Asia & South Pacific		
Cambodia	251,216 34	0 65%
China	217,597 55	0 56%
Fiji	27,492 58	< 1%
Indonesia	149,182 23	0 38%
Laos	85,238 51	0 22%
Marshall Islands	1,910.36	< 1%
Micronesia, Federal State	32,749 13	< 1%
Mongolia	302,682 70	0.78%
Myanmar	195,350 61	0 50%
North Korea (DPRK)	1,999,694 98	5 14%
Papua, New Guinea	82,144 95	0 21%
Philippines	420,352 99	1 08%
Thailand	22,169 30	< 1%
Vietnam	78,429 04	0 20%
Subtotal:	**3,866,211.27**	**11.37%**

6. Russia and Newly Independent States		
Armenia	16,373 51	< 1%
Moldova	50,819 35	0.13%
Ukraine	177,038 33	0 46%
Subtotal:	**244,231.18**	**0.59%**

5. North America (NOT U.S.)		
Mexico	1,463,195 68	3 76%
Subtotal:	**1,463,195.68**	**3.76%**

7. South America	AWV*	%
Argentina	54,340 24	0 14%
Bolivia	82,538.77	0.21%
Brazil	269,927 38	0 69%
Columbia	110,219 03	0 28%
Ecuador	1,163,947 90	2 99%
Guyana	114,226 66	0 29%
Paraguay	41,818 58	0 11%
Surname	35,281.72	< 1%
Peru	874,440 03	2 25%
Venezuela	86,513 30	0 22%
Subtotal:	**2,833,253.62**	**7.24%**

1. Caribbean & Central America		
Bahamas	96,103.21	0 25%
Belize	768,750 21	1 98%
Costa Rica	163,738 70	0 42%
Cuba	4,029 06	< 1%
Dominica	10,858 27	< 1%
Dominican Republic	1,453,263 31	3 74%
El Salvador	835,982 66	2 15%
Guatemala	3,220,454.50	8 28%
Haiti	10,683,073 66	27 46%
Honduras	3,376,832 31	8 68%
Jamaica	450,115 95	1.16%
Nicaragua	2,259,225 78	5.81%
Panama	386,447 83	0 99%
St. Lucia	14,471 63	< 1%
Trinidad and Tobago	27,140 81	< 1%
Subtotal:	**23,654,384.67**	**60.50%**

3. Europe		
Albania	42,582 56	0 11%
Belgium	1,024 46	< 1%
Kazakstan	3,699 99	< 1%
Macedonia	42,479 97	0 11%
Romania	175,759 77	0 45%
Subtotal:	**222,964.19**	**1.26%**

4. Middle East and North Africa		
Egypt	64,991 39	0 17%
Iraq	37,853.75	<.1%
Israel	19,693.25	< 1%
Lebanon	25,732 28	<.1%
Morocco	65,951 01	0 17%
Subtotal:	**188,489.40**	**0.13%**

8. South Asia		
Afghanistan	980 20	< 1%
Pakistan	34,841 06	< 1%
Nepal	65,730 02	0 17%
Bangladesh	35,670 49	< 1%
India	390,520 58	1 00%
Sri Lanka	132,063 55	0 34%
Subtotal:	**623,984.65**	**0.13%**

U.S.A.		
U S A	543,403 12	1 40%
Subtotal:	**543,403.12**	**1.40%**

GRAND TOTAL	**38,898,276.85**	99 63%

*AWV = Average Wholesale Value

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 purchased pharmaceuticals (and donated gift-in-kind pharmaceuticals, when applicable), as well as cash contributions. Pharmaceuticals obtained either from purchases or gift-in-kind contributions 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 (the "Ministry")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 salaries and related overhead of the Ministry's President, Executive Assistant and other employees, 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 $25,020 for the fiscal year ended August 31, 2010.