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BLES5575 01/24/2012 12 18 PM

Form 990

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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09/01/10 , and ending 08/31/11

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

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 $ 61,263,118

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

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

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

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

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

J Website: ▶ www.blessing.org

H(c) Group exemption number ▶

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

L Year of formation 1981

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities.

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	20
7a Total 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
8 Contributions and grants (Part VIII, line 1h)	35,821,999	58,073,817
9 Program service revenue (Part VIII, line 2g)	3,150,817	3,164,718
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,053	24,406
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,972	177
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,023,841	61,263,118
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,937,677	45,517,190
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)	509,677	682,692
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,300		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,885,665	2,393,634
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	41,333,019	48,593,516
19 Revenue less expenses Subtract line 18 from line 12	-2,309,178	12,669,602

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20,551,595	33,145,742
21 Total liabilities (Part X, line 26)	230,109	154,654
22 Net assets or fund balances. Subtract line 21 from line 20	20,321,486	32,991,088

SCANNED FEB 27 2012

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 Date 1-31-2012

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Paul Hood, CPA	Preparer's signature: Paul Hood, CPA	Date: 01/24/12	Check ☐ if self-employed	PTIN: P00579236
Firm's name ▶ Hood Sutton Robinson & Freeman, P.C.			Firm's EIN ▶	73-1569229
Firm's address ▶ 2727 East 21st Street, Suite 600 Tulsa, OK 74114-3537			Phone no	918-747-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2010)

617

25

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] 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 [X] 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 $ 4,034,718 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 $ 140,840 including grants of $) (Revenue $)

Pakistan flood relief program funded by Blessings International in collaboration with an indigenous ministry

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

4c (Code:) (Expenses $ 43,748,759 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 $ 419,039 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 48,343,356

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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	14		
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. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for 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?		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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 governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Harold C. Harder, Ph.D. President	60.00	X		X				165,000	0	14,500
(2) Chisoo Choi, M.D. Vice Pres	1.00	X		X				0	0	0
(3) Leslie Pierce Treasurer*	0.50	X		X				0	0	0
(4) Paul McClendon, Ph.D. Board Member	0.50	X						0	0	0
(5) Paul Stanton, M.D. Board Member	0.50	X						0	0	0
(6) Roger Youmans, M.D. Board Member	0.50	X						0	0	0
(7) William Mast, M.D. Board Member	0.50	X						0	0	0
(8) Stuart Quartemont, M.D. Board Member	0.50	X						0	0	0
(9) Doreen Babo Board Member	0.50	X						0	0	0
(10) Robert E. Stanton, MBA Fin. Officer	20.00			X				20,342	0	0
(11) Linda Harder (non-voting) Secretary	1.00	X		X				0	0	0
(12) Karyl Stanton, M.D. (non-voting) Board Member	0.50	X						0	0	0
(13) Mark Babo (non-voting) Board Member	0.50	X						0	0	0
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								185,342		14,500
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								185,342		14,500

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 or individual 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

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 ▶ 0

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	87,512				
	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	57,986,305				
	g Noncash contributions included in lines 1a-1f	$	57,828,484				
	h **Total.** Add lines 1a–1f		▶	58,073,817			
Program Service Revenue		Busn. Code					
	2a Net Handling Charges			3,164,718	3,164,718		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f		▶	3,164,718			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	24,406	24,406		
	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			177	177		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d		▶	177			
	12 **Total revenue.** See instructions		▶	61,263,118	3,189,301	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	397,118	397,118		
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	45,120,072	45,120,072		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	165,000	132,000	24,750	8,250
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	408,006	326,405	75,863	5,738
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,528	26,822	5,527	1,179
9 Other employee benefits	34,332	27,466	6,006	860
10 Payroll taxes	41,826	33,461	7,295	1,070
11 Fees for services (non-employees):				
a Management				
b Legal	10,420		10,420	
c Accounting	11,988		11,988	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	7,175		7,175	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	29,618	23,694	5,924	
17 Travel	20,421	20,421		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,723		1,723	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,835	102,268	25,567	
23 Insurance	30,493	24,394	5,742	357
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Pharmaceutical purchases	1,854,765	1,854,765		
b Postage and shipping	154,269	153,754	515	
c Misc. distribution costs	40,900	40,900		
d Equip rental/maintenance	20,032	16,026	4,006	
e Supplies	15,893	12,714	3,179	
f All other expenses	68,102	31,076	20,180	16,846
25 Total functional expenses. Add lines 1 through 24f	48,593,516	48,343,356	215,860	34,300
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		366,774	1	303,057
	2	Savings and temporary cash investments		1,032,793	2	1,461,544
	3	Pledges and grants receivable, net		43,790	3	56,069
	4	Accounts receivable, net		80,068	4	115,261
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		15,271,650	8	27,608,744
	9	Prepaid expenses and deferred charges		233,003	9	82,540
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,811,252			
	b	Less accumulated depreciation	10b 292,725	3,483,024	10c	3,518,527
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		40,493	12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,551,595	16	33,145,742
Liabilities	17	Accounts payable and accrued expenses		98,622	17	119,416
	18	Grants payable			18	
	19	Deferred revenue		100,380	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	
	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		31,107	25	35,238
	26	**Total liabilities.** Add lines 17 through 25		230,109	26	154,654
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		4,940,300	27	5,343,720
	28	Temporarily restricted net assets		15,381,186	28	27,647,368
	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		20,321,486	33	32,991,088
	34	Total liabilities and net assets/fund balances		20,551,595	34	33,145,742

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,263,118
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,593,516
3	Revenue less expenses Subtract line 2 from line 1	3	12,669,602
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,321,486
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	32,991,088

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			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 separate basis, consolidated 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

2010

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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,841,207	23,379,476	53,159,419	35,821,999	58,073,817	194,275,918
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	1,780,044	1,899,307	2,416,035	3,150,817	3,189,301	12,435,504
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	25,621,251	25,278,783	55,575,454	38,972,816	61,263,118	206,711,422
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	1,522,799	1,645,535	1,859,447	2,760,579	2,576,424	10,364,784
c Add lines 7a and 7b	1,522,799	1,645,535	1,859,447	2,760,579	2,576,424	10,364,784
8 **Public support** (Subtract line 7c from line 6.)						196,346,638

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	25,621,251	25,278,783	55,575,454	38,972,816	61,263,118	206,711,422
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,761	93,529	74,000	39,053	24,406	332,749
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	101,761	93,529	74,000	39,053	24,406	332,749
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.)	1,505	4,930	9,362	11,972	177	27,946
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	25,724,517	25,377,242	55,658,816	39,023,841	61,287,701	207,072,117

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 2010 (line 8, column (f) divided by line 13, column (f))	15	94.82 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	94.20 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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. Also complete this part for any additional information. (See instructions).

Part III, Line 12 - Other Income Detail

Restocking fees, misc.(5 year total) $ 27,946

BLES5575 01/24/2012 12 18 PM

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

2010

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a 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, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 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		2,904,745	65,665	2,839,080
c Leasehold improvements				
d Equipment		652,858	227,060	425,798
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				3,518,527

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2) Accrued payroll	26,303
(3) Accrued pension plan contribution	7,523
(4) Other accrued liabilities	1,412
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	35,238

2. FIN 48 (ASC 740) 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 (ASC 740).

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	61,263,118
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,593,516
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,669,602
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	12,669,602

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	48,996,936
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	48,996,936
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	12,266,182		
c	Add lines **4a** and **4b**			4c	12,266,182
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	61,263,118

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

1	Total expenses and losses per audited financial statements			1	48,593,516
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	48,593,516
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	48,593,516

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 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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and Carribean (1)			Program services	Pharmaceuticals/cash	31,898,311
East Asia and Pacific (2)			Program services	Pharmaceuticals/cash	2,193,704
Europe (3)			Program services	Pharmaceuticals/cash	155,875
Middle East and North Africa (4)			Program services	Pharmaceuticals/cash	333,423
North America (5)			Program services	Pharmaceuticals	1,051,762
Russia and the Newly Independent States (6)			Program services	Pharmaceuticals	240,103
South America (7)			Program services	Pharmaceuticals/cash	2,804,990
South Asia (8)			Program services	Pharmaceuticals/cash	780,995
Sub-Saharan Africa (9)			Program services	Pharmaceuticals/cash	5,660,909
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					45,120,072
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					45,120,072

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 ▶ ☐
Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South Asia	Help those in need	8,000	Wire transfer			
(2)		Central America & Carribean	Help those in need			72,163	Medicines	FMV (RedBk)
(3)		Central America & Carribean	Help those in need			30,392	Medicines	FMV (RedBk)
(4)		East Asia & Pacific	Help those in need			522,788	Medicines	FMV (RedBk)
(5)		North America	Help those in need			17,194	Medicines	FMV (RedBk)
(6)		Central America & Carribean	Help those in need			65,499	Medicines	FMV (RedBk)
(7)		Central America & Carribean	Help those in need			62,297	Medicines	FMV (RedBk)
(8)		Central America & Carribean	Help those in need			12,026	Medicines	FMV (RedBk)
(9)		Central America & Carribean	Help those in need			200,301	Medicines	FMV (RedBk)
(10)		Central America & Carribean	Help those in need			9,150	Medicines	FMV (RedBk)
(11)		Central America & Carribean	Help those in need			25,876	Medicines	FMV (RedBk)
(12)		Central America & Carribean	Help those in need			47,973	Medicines	FMV (RedBk)
(13)		Central America & Carribean	Help those in need			45,384	Medicines	FMV (RedBk)
(14)		Central America & Carribean	Help those in need			8,311	Medicines	FMV (RedBk)
(15)		Central America & Carribean	Help those in need			284,667	Medicines	FMV (RedBk)
(16)		Central America & Carribean	Help those in need			25,175	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 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 ▶ ☐
Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America & Carribean	Help those in need			7,000	Medicines	FMV (RedBk)
(2)		Central America & Carribean	Help those in need			121,750	Medicines	FMV (RedBk)
(3)		Sub-Saharan Africa	Help those in need			14,669	Medicines	FMV (RedBk)
(4)		Sub-Saharan Africa	Help those in need			139,381	Medicines	FMV (RedBk)
(5)		Central America & Carribean	Help those in need			7,916	Medicines	FMV (RedBk)
(6)		Central America & Carribean	Help those in need			47,312	Medicines	FMV (RedBk)
(7)		Central America & Carribean	Help those in need			536,893	Medicines	FMV (RedBk)
(8)		North America	Help those in need			115,159	Medicines	FMV (RedBk)
(9)		Central America & Carribean	Help those in need			12,853	Medicines	FMV (RedBk)
(10)		Central America & Carribean	Help those in need			404,875	Medicines	FMV (RedBk)
(11)		South Asia	Help those in need			132,531	Medicines	FMV (RedBk)
(12)		Central America & Carribean	Help those in need			15,076	Medicines	FMV (RedBk)
(13)		North America	Help those in need			8,219	Medicines	FMV (RedBk)
(14)		Central America & Carribean	Help those in need			104,488	Medicines	FMV (RedBk)
(15)		Central America & Carribean	Help those in need			56,793	Medicines	FMV (RedBk)
(16)		Central America & Carribean	Help those in need			2,536,972	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 . . . . . ▶

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☒ No

Part V Supplemental Information

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - 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 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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLESSINGS INTERNATIONAL

Employer identification number
73-1130590

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mountain Missions 206 Tenasi Road Copper Hill TN 37317	62-0867677	3		40,730	FMV (RedBk)	Medicines	Help people in need
(2) Good Samaritan Health Svc. 7600 S. Lewis Tulsa OK 74136	73-1559561	3		73,096	FMV	Medicines	Help people in need
(3) Healing Gift Free Clinic, LLC 2650 Farnam Street Omaha NE 68131	27-0906099	3		14,422	FMV	Medicines	Help people in need
(4) Faith Wellness/BMM 7749 Webster Mddlebrg Hts OH 44130	34-0742688	3		29,841	FMV	Medicines	Help people in need
(5) Agape Clinic Ministries 4105 Junius Street Dallas TX 75215	74-1159753	3		113,053	FMV	Medicines	Help people in need
(6) The SAFE Place, Inc. P.O. Box 416 Pinson AL 35126	63-1207186	3		42,690	FMV	Medicines	Help people in need
(7) (Bowery Mission) Christian Herald 132 Madison Ave., 4th Floor New York NY 10016	13-1617086	3		9,171	FMV	Medicines	Help people in need
(8) Menlo Park Presbyterian Church 950 Santa Cruz Ave. Menlo Park CA 94025	94-1167435	3		5,378	FMV	Medicines	Help people in need
(9) Mission Possible/Hill Country 12124 Ranch Road 620 N Austin TX 78750	74-2389215	3		13,796	FMV	Medicines	Help people in need

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

3 Enter total number of other organizations ▶

SCHEDULE 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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLESSINGS INTERNATIONAL

Employer identification number
73-1130590

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Margaret Cramer/Free Clinics Iowa 3200 Grand Ave. Des Moines IA 50312	42-1428706	3		11,432	FMV	Medicines	Help people in need
(2) Southwestern Christian Fellowship 333 N. Washington Ave. Dallas TX 75246	75-6044885	3		8,229	FMV	Medicines	Help people in need
(3) Zoya Ministries P. O. Box 260381 Plano TX 75026	75-2849588	3		18,737	FMV	Medicines	Help people in need
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Harold C. Harder,Ph.D.	(i)	145,000	20,000	0	0	14,500	179,500	0
		(ii)	0	0	0	0	0	0	0
2	Karyl Stanton, M.D.(non-voting)	(i)	0	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0	0
3	Mark Babo (non-voting)	(i)	0	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0	0
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BLES5575 01/24/2012 12 18 PM

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
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	57,828,484	
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 an amount 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, 2011, noncash contributions consisted entirely of purchased pharmaceuticals with an estimated average wholesale value of $57,828,484.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization	Employer identification number
BLESSINGS INTERNATIONAL	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 11b - 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. Additionally, an annual affirmation statement is signed, and they are required to list any possible conflicts of interest. 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.

Name of the organization: BLESSINGS INTERNATIONAL

Employer identification number: 73-1130590

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.

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 15b - Compensation Process for Officers

Same as for Officers

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

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

Annual Report (Current)

Form 990 (Current)

Name of the organization: BLESSINGS INTERNATIONAL

Employer identification number: 73-1130590

The following documents are available to the public at Blessings' office, 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, 2010 to August 31, 2011

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: This includes 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 basic medical services (including a special fund set up to help the permanent in Haiti and the TB and Malaria Treatment Program in Myanmar). **Program Service Expense: $4,034,718.**

B. Pakistan Flood Relief program funded by Blessings International in collaboration with an indigenous Ministry: Pakistan suffered from the impact of major flooding as a result of exceedingly heavy rain experienced in northern Pakistan during the monsoon season. When these flood waters reach the flat plains of central Pakistan they spread out covering 25% of the land mass resulting in the destruction of the homes of millions of people. So in addition to providing medical relief with medicines provided by BI, Christian Strategic Initiative also distributed bread, water, powdered milk, and water purification tablets to many Christian communities under the auspices of BI. Because many of the people who lost their homes also lost their blankets as well as beds, BI supported a Christmas outreach to some communities by providing quilts and wool sweaters from our 2010 Christmas appeal. **Program Service Expense: $140,840.**

C. Medicines for short-term medical teams: This is Blessings major mission, to provide pharmaceuticals and medical supplies for short-term medical teams visiting developing nations who in turn 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: $43,748,759.**

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 decreased 27.5% compared to the previous year. We know that at least two clinics BI serves were destroyed or severely damaged as a result of tornados. 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. This year BI served 34 clinics operated by Christian/charitable organizations in seventeen states. Even though the total value of shipments to US clinics is less than 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 nationwide 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 another year. Therefore BI will continue to help the many US clinics working to fill the urgent need of providing medical care to the least fortunate among us. **Program Service Expense $419,039.**

Total Program Service Expenses for FY 10-11: $48,343,356.

A detailed breakdown is attached showing the countries where the program services were distributed for the fiscal year ended August 31, 2011.

Blessings International | DISTRIBUTION OF PHARMACEUTICALS | FYE August 31, 2011 73-1130590

9. Sub-Saharan Africa	AWV*	%
Angola	55,713 58	0.12%
Benin	56,210 68	0.12%
Burkino Faso	63,864.88	0 14%
Burundi	20,020.06	<.1%
Cameroon	54,230.08	0.12%
Central African Republic	15,044.74	<.1%
Chad	14,580 20	<.1%
Congo, Republic of	8,618 08	<.1%
Ethiopia	641,089.13	1.41%
Gambia	85,965.08	0.19%
Ghana	396,194 83	0.87%
Ivory Coast (Cote d'Ivoire)	56,789.72	0.12%
Guinea	38,372.54	<.1%
Kenya	883,494.62	1.94%
Liberia	220,050 66	0.48%
Malawi	57,558.00	0.13%
Mali	160,507 54	0.35%
Mozambique	16,945.44	<.1%
Niger	225,993.56	0.50%
Nigeria	915,828 82	2.01%
Rwanda	4,491.34	<.1%
Senegal	71,496.14	0.16%
Sierra Leone	235,930.18	0.52%
South Africa	62,269.55	0.14%
Sudan	195,943.99	0.43%
Tanzania	183,093.10	0.40%
Togo	52,193.70	0.11%
Uganda	401,298.61	0.88%
Zambia	342,961.81	0.75%
Zimbabwe	123,858.32	0.27%
Subtotal:	**5,660,608.97**	**12.40%**

2. East Asia & Pacific		
Cambodia	388,913.60	0.85%
China	212,712.77	0.47%
Indonesia	70,633.41	0.16%
Laos	65,600.47	0.14%
Malaysia	3,014.63	<.1%
Micronesia, Federal State	20,634.77	<.1%
Mongolia	119,540.76	0 26%
Myanmar	544,278.62	1 20%
North Korea (DPRK)	24,351.44	<.1%
Papua, New Guinea	77,314.37	0.17%
Philippines	393,978.05	0.87%
Solomon Islands	19,498 37	<.1%
South Korea	2,763.03	<.1%
Thailand	98,203.76	0 22%
Vanuatu	14,537.91	<.1%
Vietnam	133,527.76	0 29%
Subtotal:	**2,189,503.71**	**4.89%**

6. Russia and Newly Indepenc		
Armenia	92,016.80	0 20%
Kazakhstan	853.19	<.1%
Kyrgystan	642.85	<.1%
Moldova	23,742 26	< 1%
Russia	17,820.16	<.1%
Ukraine	105,027.74	0.23%
Subtotal:	**240,103.01**	**0.50%**

5. North America (NOT U.S.)		
Mexico	1,051,762 49	2.31%
Subtotal:	**1,051,762.49**	**2.31%**

7. South America	AWV*	%
Argentina	44,624 26	<.1%
Bolivia	193,250 90	0.42%
Brazil	247,256.60	0.54%
Chile	28,443.82	<.1%
Columbia	113,098.02	0 25%
Ecuador	1,068,386 89	2.35%
Guyana	101,829.05	0.22%
Paraguay	7,167.98	<.1%
Peru	1,000,491 03	2.20%
Uruguay	441.71	<.1%
Subtotal:	**2,804,990.27**	**6.19%**

1. Caribbean & Central Am		
Bahamas	21,165.75	<.1%
Belize	549,232.17	1.21%
Costa Rica	160,298.99	0.35%
Cuba	28,757.39	<.1%
Dominica	409.79	<.1%
Dominican Republic	1,464,266 98	3.22%
El Salvador	671,115.71	1.48%
Guatemala	3,797,073.13	8.35%
Haiti	15,712,351.15	34.54%
Honduras	5,594,888.61	12.30%
Jamaica	877,568.14	1.93%
Nicaragua	2,523,672.69	5.55%
Panama	481,407.29	1.06%
St. Lucia	1,075.17	<.1%
Trinidad and Tobago	13,227.65	<.1%
Subtotal:	**31,896,510.62**	**69.99%**

3. Europe		
Albania	4,861.97	<.1%
Macedonia	21,304.55	<.1%
Romania	128,508.03	0.28%
Subtotal:	**154,674.55**	**0.37%**

4. Middle East and North A		
Egypt	45,912.18	0.10%
Iraq	15,598.43	<.1%
Israel	41,838.96	<.1%
Lebanon	76,076.58	0.17%
Morocco	105,495.61	0.23%
Palestinian Territories	41,001.37	<.1%
Subtotal:	**325,923.14**	**0.79%**

8. South Asia		
Afghanistan	32,682.37	<.1%
Bhutan	19,810.87	<.1%
Pakistan	124,422.28	0 27%
Nepal	67,522.33	0.15%
Bangladesh	67,592.22	0.15%
India	460,965.40	1.01%
Subtotal:	**772,995.47**	**1.69%**

U.S.A.		
U.S.A.	394,318.11	0 87%
Subtotal:	**394,318.11**	**0.87%**

GRAND TOTAL	**45,491,390.33**	100.00%

*AWV = Average Wholesale