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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09/01/13 , and ending 08/31/14

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) | Room/suite
1650 N. INDIANWOOD AVE.

City or town, state or province, country, and ZIP or foreign postal code
BROKEN ARROW OK 74012

D Employer identification number
73-1130590

E Telephone number
918-250-8101

G Gross receipts $ 4,568,590

F Name and address of principal officer
Barry S. Ewy, PharmD
1650 N. Indianwood Ave.
Broken Arrow OK 74012

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

H(b) Are all subordinates 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:
See Schedule O

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	7
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	22
6 Total number of volunteers (estimate if necessary)	6	20
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	272,342	170,787
9 Program service revenue (Part VIII, line 2g)	3,733,305	4,366,379
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,405	29,353
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,967	2,071
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,035,019	4,568,590
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,091,931	2,451,047
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	818,831	1,141,660
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 45,674		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	471,120	517,487
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,381,882	4,110,194
19 Revenue less expenses. Subtract line 18 from line 12	653,137	458,396

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,149,688	7,624,616
21 Total liabilities (Part X, line 26)	48,644	65,176
22 Net assets or fund balances. Subtract line 21 from line 20	7,101,044	7,559,440

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DEC 29 2014
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Part II Signature Block

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

Sign Here

Signature of officer — Date: 12-19-14

Type or print name and title: Barry Ewy, CEO/President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Paul Hood CPA	Paul Hood CPA	12/18/14		P00579236

Firm's name ▶ Hood & Associates, CPAs, P.C. — Firm's EIN ▶ 73-1432162

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** (2013)

SCANNED JAN 09 2015

917

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

4a (Code:) (Expenses $ 57,993 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 $ 73,159 including grants of $) (Revenue $)

Haiti relief programs funded in part by Blessings International in collaboration with indigenous ministries

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

4c (Code:) (Expenses $ 3,518,448 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 $ 72,714 including grants of $ 0) (Revenue $)

4e Total program service expenses ▶ 3,722,314

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 for which 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
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 11b 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 or note to any line 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	22		
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" to line 3b, 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 as charitable contributions?		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 or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)

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

20 State the name, 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 or note to any line in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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.	1.40									
Chair	0.00	X		X				245,825	0	1,375
(2) Barry S. Ewy, PharmD, JD, MHA	45.00									
President	0.00	X		X				145,000	0	0
(3) Michael Smith, EA	1.00									
Treasurer	0.00	X		X				0	0	0
(4) Doreen Babo, MBA, DPH	0.25									
Board Member	0.00	X						0	0	0
(5) Paul McClendon, Ph.D.	0.25									
Board Member	0.00	X						0	0	0
(6) Paul Stanton, M.D.	2.00									
Vice Chair	0.00	X		X				0	0	0
(7) Bobby Watson, Jr., PharmD	1.10									
Board Member	0.00	X						0	0	0
(8) Donald Tredway, M.D., Ph.D.	1.25									
Board Member	0.00	X						0	0	0
(9) Bill Mast, MD	0.60									
Board Member	0.00	X						0	0	0
(10) Robert E. Stanton, MBA	20.00									
Finance Officer	0.00			X				22,173	0	0
(11)										

Form 990 (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								412,998		1,375
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								412,998		1,375

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 ▶ 2

		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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	24,095				
	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	146,692				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a–1f ▶			170,787			
Program Service Revenue		Busn. Code					
	2a Net Sales (Pharmaceuticals)			4,366,379	4,366,379		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶			4,366,379			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			29,353	29,353		
	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			2,071	2,071		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶			2,071			
	12 **Total revenue.** See instructions ▶			4,568,590	4,397,803	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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	46,367	46,367		
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	2,404,680	2,404,680		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	358,750	287,000	64,500	7,250
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	628,564	502,851	101,690	24,023
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,768	32,614	7,662	492
9 Other employee benefits	46,130	36,904	6,731	2,495
10 Payroll taxes	67,448	53,958	11,078	2,412
11 Fees for services (non-employees):				
a Management	32,075		32,075	
b Legal	14,657		14,657	
c Accounting	13,791		13,791	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	275		275	
12 Advertising and promotion	4,650	4,650		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	28,150	22,520	5,630	
17 Travel	29,288	29,288		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,616		5,616	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	151,195	120,956	30,239	
23 Insurance	33,617	26,894	6,545	178
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Postage and shipping	200,121	199,404	717	
b Consulting-Quality System	51,994	51,994		
c Equip rental/maintenance	22,739	18,192	4,547	
d Supplies	17,359	13,887	3,472	
e All other expenses	-88,040	-129,845	32,981	8,824
25 Total functional expenses. Add lines 1 through 24e	4,110,194	3,722,314	342,206	45,674
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		262,640	1	294,693
	2	Savings and temporary cash investments		2,041,671	2	2,450,067
	3	Pledges and grants receivable, net		33,121	3	19,034
	4	Accounts receivable, net		146,630	4	279,202
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		951,525	8	1,014,032
	9	Prepaid expenses and deferred charges		325,941	9	313,050
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 3,937,121			
	b	Less: accumulated depreciation	10b 682,583	3,388,160	10c	3,254,538
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,149,688	16	7,624,616
Liabilities	17	Accounts payable and accrued expenses		14,390	17	3,926
	18	Grants payable			18	
	19	Deferred revenue		22,627	19	49,846
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		11,627	25	11,404
	26	**Total liabilities.** Add lines 17 through 25		48,644	26	65,176
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,901,355	27	7,353,264
	28	Temporarily restricted net assets		199,689	28	206,176
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,101,044	33	7,559,440
	34	Total liabilities and net assets/fund balances		7,149,688	34	7,624,616

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,568,590
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,110,194
3	Revenue less expenses. Subtract line 2 from line 1	3	458,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,101,044
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,559,440

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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	
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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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–Non-functionally integrated

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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 activites, 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 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	35,821,999	58,073,817	203,272	272,342	170,787	94,542,217
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	3,150,817	3,189,301	3,510,962	3,733,305	4,366,379	17,950,764
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	38,972,816	61,263,118	3,714,234	4,005,647	4,537,166	112,492,981
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	2,760,579	2,576,424	3,473,529	3,692,955	4,320,693	16,824,180
c Add lines 7a and 7b	2,760,579	2,576,424	3,473,529	3,692,955	4,320,693	16,824,180
8 **Public support** (Subtract line 7c from line 6.)						95,668,801

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	38,972,816	61,263,118	3,714,234	4,005,647	4,537,166	112,492,981
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,053	24,406	22,477	27,405	29,353	142,694
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	39,053	24,406	22,477	27,405	29,353	142,694
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,972	177	6,588	1,967	2,071	22,775
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	39,023,841	61,287,701	3,743,299	4,035,019	4,568,590	112,658,450

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 2013 (line 8, column (f) divided by line 13, column (f))	15	84.92 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	90.91 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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) $ 22,775

Supplemental Information

Schedule A, Part III, Line 1 - Contributions Received

See "General Footnote" regarding change in accounting principle effective September 1, 2011. The amounts shown for Line 1 for 2011, 2012 and 2013 represent cash contributions only, as Blessings International has not received any noncash contributions of pharmaceuticals since 2009. For 2010 and 2009, the reported amount consisted primarily of the estimated average wholesale value of purchased pharmaceuticals, as well as cash contributions.

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Federated Campaigns	$ 24,095
Other undesignated offerings	102,764
Other designated offerings	43,928
Pharmaceutical products (various dates)	
Pharmaceutical products	
Total	$ 170,787

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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 XIII, 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 XIII, 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		253,649		253,649
b Buildings		2,907,953	263,876	2,644,077
c Leasehold improvements				
d Equipment		775,519	418,707	356,812
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				3,254,538

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued pension plan contribution	11,092
(3) Other accrued liabilities	312
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	11,404

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,562,103
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 XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	4,562,103
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 XIII.)	4b	6,487		
c	Add lines 4a and 4b			4c	6,487
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,568,590

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,110,194
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 XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	4,110,194
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 XIII)	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	4,110,194

Part XIII Supplemental Information

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

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

Increase in temporarily restricted net assets	$	6,487

Part XIII 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" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	1,650,597
East Asia and Pacific (2)			Program services	Pharmaceuticals/cash	140,400
Europe (3)			Program services	Pharmaceuticals	11,991
Middle East and North Africa (4)			Program services	Pharmaceuticals/cash	25,803
North America (5)			Program services	Pharmaceuticals	39,646
Russia and the Newly Independent States (6)			Program services	Pharmaceuticals	13,460
South America (7)			Program services	Pharmaceuticals	157,193
South Asia (8)			Program services	Pharmaceuticals/cash	35,320
Sub-Saharan Africa (9)			Program services	Pharmaceuticals/cash	330,270
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,404,680
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,404,680

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia	Help those in need & Pacific			13,553	Medicines	Est. Value
(2)			Central America & Caribbean	Help those in need			30,349	Medicines	Est. Value
(3)			Central America & Carribean	Help those in need			12,566	Medicines	Est. Value
(4)			Middle East & North Africa	Help those in need	7,500	Wire Transfer			
(5)			East Asia	Help those in need & Pacific	17,888	Wire Transfer			
(6)			South Asia	Help those in need	15,000	Wire Transfer			
(7)			Central America & Carribean	Help those in need			5,823	Medicines	Est. Value
(8)			East Asia	Help those in need & Pacific			6,673	Medicines	Est. Value
(9)			Central America & Carribean	Help those in need			6,811	Medicines	Est. Value
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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, Information 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

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

Part I, Line 2 - 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.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Central America and Carribean	$ 1,650,597	$ 0
East Asia and Pacific	$ 140,400	$ 0
Europe	$ 11,991	$ 0
Middle East and North Africa	$ 25,803	$ 0
North America	$ 39,646	$ 0
Russia and the Newly Independent States	$ 13,460	$ 0
South America	$ 157,193	$ 0
South Asia	$ 35,320	$ 0

Part V **Supplemental Information**

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

Sub-Saharan Africa	$	330,270 $	0

Part V - Additional Information

Part II, Line 1 - Valuation of noncash assistance - Noncash assistance to organizations outside the United States is being reported using an estimated value based on Blessings' sales price charged to its user organizations for medicines and other pharmaceutical products, resulting in a conservative estimate of the fair value of the assistance provided. For financial statement reporting purposes, noncash assistance is reported based on the actual purchase cost of the pharmaceutical products, including freight and any customs fees and duties associated with products imported from overseas suppliers, as well as an allocation of processing costs of bulk-purchased imported items for sorting, bottling and labeling.

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

BLESSINGS INTERNATIONAL

Employer identification number

73-1130590

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) Good Samaritan Health Svc. 7600 S. Lewis Ave. Tulsa OK 74136	73-1559561	3		10,743	Est. Value	Medicines	Help people in need
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

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.** Provide the information required in Part I, line 2, Part III, column (b), 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.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? — 2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☒ Written employment contract		
	☐ Compensation survey or study		
	☒ 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? — 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: — 6a		X
a	The organization? — 6b		X
b	Any related organization?		
	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Harold C. Harder,Ph.D.	(i)	13,750	0	232,075	0	1,375	247,200	0
1 Chair	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
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

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Harold C. Harder,Ph.D.	200,000	0	0

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
BLESSINGS INTERNATIONAL	73-1130590

Form 990 - Organization's Mission

Blessings International is a non-profit organization whose mission is to heal the hurting by providing pharmaceuticals, vitamins and medical supplies to traveling medical teams and local clinics; to build healthy communities by treating the poor and victims of endemic medical problems, disease or overwhelming disasters; to transform lives by demonstrating the love and compassion of Jesus Christ.

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

Papua New Guinea - $8,975

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

U.S.A. Indigent Care - $63,739

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

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

Bob Stanton	Paul Stanton
Fin. Officer	BOTViceChair
Father/Son	

Harold Harder	David Harder
BOT Chair	DirectorComm
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.

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

Blessings 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

Blessings 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

Name of the organization: BLESSINGS INTERNATIONAL

Employer identification number: 73-1130590

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 and retiring CEO, are not compensated.

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

Same as for Top Official

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

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

- Annual Report (Current)
- Form 990 (Current)

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

- Oklahoma Articles of Incorporation and By Laws
- Annual Reports (for last three years)
- Form 990 (for the last three years)
- Audited financial statements (for last three years)

Form 990 - Federal General Footnote

Description

Schedule A, Part III - CHANGE IN ACCOUNTING PRINCIPLE IN 2011 (FISCAL YEARS ENDING AUGUST 31,2012 AND THEREAFTER)
Effective September 1, 2011, Blessings International (the "Ministry") changed its method of valuing pharmaceutical inventory products to the lower of cost or market, with cost determined by a weighted moving average cost method. The cost of pharmaceutical inventory products was determined from the actual purchase costs of the products, including freight and any customs fees and duties, as well as an allocation of processing costs of bulk-purchased imported products from overseas suppliers.

In 2010 and previous fiscal years, the Ministry had recorded pharmaceutical products acquired by either purchase or gifts-in-kind (GIK) donations at their estimated average wholesale price (AWP) or the AWP of substantially equivalent products obtained from the Thomson Reuters "Red Book", whose AWP's were meant to approximate wholesale prices in the United States. The Ministry treated purchased pharmaceuticals as equivalent to GIK donations, as the Ministry was able to purchase pharmaceuticals at significantly discounted prices far below their AWP values, and recorded both purchased an donated pharmaceuticals in accordance with nonprofit industry standards referred to as the Interagency GIK Standards. Due to a revision in the Interagency GIK Standards in December 2009, it became impractical for the Ministry to comply with the requirements for determinining estimated fair values, as the majority of the value of the Ministry's hundreds of pharmaceutical products was represented by products that were not legally permissable to be sold in the United States, and such products would now have to be valued using estimated wholesale prices determined from an undeterminable number of foreign exit markets. Due to the fact that all the Ministry's pharmaceutical products had been acquired solely by purchase since 2009, management of the Ministry determined that a change to the cost method of valuing its pharmaceutical products was in order as preferable, since it utilizes a conservative and objectively verifiable measure of the value of the Ministry's pharmaceutical products distributed to user organizations. The use of the cost method also aligns the financial reporting of purchased pharmaceuticals with other nonprofits, although Blessings International is unique in that it relies solely on purchased pharmaceuticals to achieve its program services goals, while the vast majority of all other nonprofits primarily utilize GIK donations of pharmaceuticals.

Line 16b - FUND-RAISING EXPENSES
The Ministry's fund-raising efforts consist of annual participation in the Combined Federal and State Campaigns, as well as occasional newsletter appeals and special events. The Ministry's fund-raising efforts through normal operations consist of the allocated portion of the salaries and related overhead of the Ministry's President, Development Director, Executive and Administrative Assistants and others, and certain identifiable costs related to fund-raising, including consulting services and advertisements for cash donations placed in various publications. Such identifiable fund-raising expenses were $45,674 for the fiscal year ended August 31, 2014.

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest Income(savings,CD's)	$ 29,353					
Total	$ 29,353					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	$ 275	$	$ 275	$
Total	$ 275	$ 0	$ 275	$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Printing & publications	$ 14,974	$ 14,974	$	$
Pharma destruction	14,946	14,946		
Bad debts	10,321		10,321	
Direct fund-raising costs	8,824			8,824
Celebration	8,709		8,709	
Telephone	6,657	5,326	1,331	
Reassay pharmaceuticals	4,781	4,781		
Dues and subscriptions	4,672		4,672	
Entertainment	3,340		3,340	
Moving expense	3,069		3,069	
Auto expenses	1,856	1,485	371	
Books and tapes	1,088	1,088		
Credit card process fees	909	909		
Bank charges	755		755	
Miscellaneous	430	344	86	
Recruitment	327		327	
Allocated processing cost	-173,698	-173,698		
Total	$ -88,040	$ -129,845	$ 32,981	$ 8,824

Federal Statements

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

Donor Name	Total	Excess
	$	$
2013	4,366,379	4,320,693
2012	3,733,305	3,692,955
2011	3,510,962	3,473,529
2010	3,189,301	2,576,424
2009	3,150,817	2,760,579
Total	$ 17,950,764	$ 16,824,180

Blessings International 73-1130590
Attachment to IRS Form 990, Part III
FYE September 1, 2013 to August 31, 2014

Part III Organization's Primary Exempt Purpose:

Heal the hurting by providing pharmaceuticals, vitamins and medical supplies to traveling medical teams and local clinics; to build healthy communities by treating the poor and victims of endemic medical problems, disease or overwhelming disasters; to transform lives by demonstrating the love and compassion of Jesus Christ

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, wars or various types of armed conflict, as well as in developing nations struggling to improve basic medical services. Efforts during the previous year include outreaches to countries such as Myanmar, the Philippines, and the Kurdish area of Iraq.
Program Service Expense: $57,993

B. Haiti relief programs funded in part by Blessings International in collaboration with indigenous ministries: Blessings International continues its commitment to help Haiti long after the acute recovery phase of the January 2010 earthquake and effects of Hurricane Sandy. Blessings has been equipping indigenous ministries with vitamins, antibiotics, antimalarials, analgesics and antiparasitic medication, in addition to medicines for chronic diseases such as arthritis, hypertension, gastric reflux, asthma, and diabetes. Thereby, Blessings is making it possible for 32 permanent clinics to have adequate supplies of vitally important medicines for this prolonged rebuilding and rehabilitation phase of disaster relief.
Program Service Expense: $73,159

C. Medicines for short-term medical teams: This is Blessings' major mission, to provide pharmaceuticals and medical supplies to short-term teams visiting developing nations who, in turn, serve indigent children and adults suffering from various diseases and illnesses. These teams are organized by ministries, churches, and organizations that are independent of Blessings International.
Program Service Expense: $3,518,448

D. Papua New Guinea: Blessings International had attempted almost two years ago to donate medicine to a clinic in a remote part of Papua New Guinea. At that time, the PNG government halted the shipment due to a change in importation process for that country. Through continued efforts, the

government of PNG allowed the importation of medicine in 2014 to be used at the remote clinic that serves around 1,000 missionaries and their families, as well as the people of the impoverished region.
Program Service Expense: $8,975

E. 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 United States. Blessings received cash donations that allowed for major discounts spread among all the U.S. clinics Blessings serves. In this way, Blessings has spread the blessing of these gifts to include very small as well as very large clinics. This year, Blessings served 30 U.S. clinics and outreaches operated by Christian/charitable organizations in 13 states. Even though the total value of shipments to U.S. clinics is less than 2% of the value of all shipments, Blessings International is committed to helping the working poor of this nation. Blessing will continue to help the many U.S. clinics working to fill the urgent need of providing medical care to the least fortunate among us.
Program Service Expense: $63,739

Total Program Service Expenses for FY 12-13: $3,722,314

A detailed breakdown is attached showing the countries where the program services were distributed for the fiscal year ended August 31, 2014.

Caribbean & Central America		
Belize	30,618.72	1 40%
Costa Rica	16,604.67	0.76%
Cuba	4,894.87	0 22%
Dominica	37 32	0 00%
Dominican Republic	127,158 86	5 83%
El Salvador	50,249.07	2.30%
Guatemala	294,960 15	13 51%
Haiti	518,592.00	23.76%
Honduras	377,775.00	17.31%
Jamaica	36,942.29	1.69%
Nicaragua	99,720.78	4 57%
Panama	90,852.57	4.16%
St. Lucia	441.68	0 02%
Turks and Caicos Islands	1,073.10	0.05%
Trinidad and Tobago	676.00	0.03%
Subtotal:	**1,650,597.07**	**74.62%**

East Asia & Pacific		
Cambodia	21,561.34	0 90%
China	18,107.05	0 76%
Guam	293 66	0 01%
Malaysia	543.12	0 02%
Indonesia	223.25	0.01%
Marshall Islands	2,014.54	0.08%
Micronesia, Federal State	854.45	0.04%
Mongolia	5,442 26	0.23%
Myanmar	10,727 75	0.45%
North Korea (DPRK)	2,788 92	0 12%
Papua, New Guinea	11,776.18	0 49%
Philippines	34,734 92	1 45%
Samoa	1,560 82	0.07%
Solomon Islands	79 52	0 00%
Thailand	4,526.07	0.19%
Vietnam	2,753 15	0.12%
Subtotal:	**117,986.99**	**4.94%**

Russia and Newly Independent States		
Armenia	532.63	0 02%
Moldova	1,719 20	0.07%
Ukraine	10,971 24	0.46%
Kyrgyzstan	433.64	0 02%
Kazakhstan	109 11	0.00%
Tajikistan	226 60	0.01%
Subtotal:	**13,459.79**	**0.59%**

Middle East and North Africa		
Egypt	319.66	0 01%
Jordan	1,855 44	0.08%
Israel	2,518 45	0.11%
Morocco	3,176 52	0.13%
Iraq	9,538 15	0 40%
Lebanon	894.33	0 04%
Subtotal:	**18,302.55**	**0.77%**

North America (NOT U.S.)		
Canada	203.97	0 01%
Mexico	39,645 68	1.66%
Subtotal:	**39,645.68**	**1.67%**

South Asia		
Afghanistan	421 74	0.02%
Nepal	5,434.40	0.23%
Bangladesh	3,284 84	0.14%
India	8,748 91	0 37%
Subtotal:	**17,889.88**	**0.75%**

Europe		
Albania	440.70	0.02%
Bulgaria	305 61	0.01%
Greece	570 20	0.02%
Macedonia	144.31	0.01%
Romania	10,189.24	0.43%
Serbia and Montenegro	180 47	0.01%
Spain	36 59	0.00%
Turkey	124 04	0 01%
Subtotal:	**11,991.17**	**0.50%**

South America		
Argentina	2,009 83	0 08%
Bolivia	11,679.70	0.49%
Brazil	10,187 60	0.43%
Ecuador	71,881 44	3.01%
Guyana	2,620.38	0 11%
Paraguay	677 86	0 03%
Peru	50,605 16	2 12%
Colombia	6,996 59	0 29%
Sunname	534 89	0.02%
Venezuela	424 81	0 02%
Subtotal:	**157,193.44**	**6.59%**

Sub-Saharan Africa		
Burkina Faso	4,028.32	0.17%
Cameroon	8,036.29	0.34%
Central African Republic	1,836 33	0.08%
Chad	1,206.61	0.05%
Benin	2,725.43	0.11%
Congo, Democratic Republic	320.10	0.01%
Ethiopia	9,736 83	0.41%
Gambia	6,477.74	0.27%
Ghana	49,122 35	2 06%
Ivory Coast (Cote d'Ivoire)	9,114 04	0 38%
Guinea	1,951.15	0 08%
Kenya	47,233.50	1.98%
Liberia	7,307 62	0 31%
Malawi	8,920 17	0 37%
Mauritania	1,490.46	0.06%
Mozambique	3,032.13	0.13%
Nambia	1,538.19	0 06%
Niger	11,891.58	0.50%
Nigeria	42,538.23	1 78%
Rwanda	1,475.73	0.06%
Senegal	4,857.87	0 20%
Sierra Leone	11,947 37	0.50%
South Africa	5,785 17	0 24%
Sudan	11,703 71	0.49%
Swaziland	448 69	0 02%
Tanzania	18,023 52	0.75%
Togo	8,111.75	0.34%
Uganda	19,090 01	0.80%
Zambia	20,965.70	0.88%
Zimbabwe	4,899.22	0.20%
Madagascar	3,034.43	0.13%
Lesotho	1,270.11	0 05%
Subtotal:	**330,120.35**	**13.81%**

U.S.A.		
U.S.A.	45042 54	1 87%
Subtotal:	**45,042.54**	**1.87%**

GRAND TOTAL	**2,402,229.47**	**100%**