

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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CONVOY OF HOPE
 % MARK METZGER
 Doing business as

D Employer identification number: 68-0051386

E Telephone number: (417) 823-8998

G Gross receipts \$ 129,509,546

F Name and address of principal officer:
 HAL DONALDSON
 330 S PATTERSON AVE
 SPRINGFIELD, MO 65802

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)
H(c) Group exemption number ▶

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

J Website: WWW.CONVOYOFHOPE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 CONVOY OF HOPE IS A FAITH-BASED ORGANIZATION LOOKING TO RESPOND TO THE NEEDS OF THE IMPOVERISHED AND SUFFERING BY DELIVERING MUCH NEEDED FOOD, SUPPLIES, SERVICES AND HOPE

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	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	150
6 Total number of volunteers (estimate if necessary)	6	43,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	310,736
b Net unrelated business taxable income from Form 990-T, line 34	7b	181,418

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	110,928,740	126,827,379
9	Program service revenue (Part VIII, line 2g)	261,875	365,167
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,249	1,275,802
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-381,140	-426,062
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,860,724	128,042,286
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,647,600	69,905,580
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,074,992	10,575,441
16a	Professional fundraising fees (Part IX, column (A), line 11e)	130,905	376,845
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,441,102		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,915,057	45,227,338
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	107,768,554	126,085,204
19	Revenue less expenses Subtract line 18 from line 12	3,092,170	1,957,082

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	47,010,803	46,830,120
21	Total liabilities (Part X, line 26)	7,314,755	5,615,580
22	Net assets or fund balances Subtract line 21 from line 20	39,696,048	41,214,540

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: 2016-08-05

MARK METZGER CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Brian D Todd
 Preparer's signature: Brian D Todd
 Date: _____
 Check if self-employed
 PTIN: P00422601

Firm's name: BKD LLP
 Firm's EIN: _____
 Firm's address: 910 E ST LOUIS 200/PO BOX 1190
 Phone no: (417) 865-8701
 SPRINGFIELD, MO 658062523

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CONVOY OF HOPE IS A FAITH-BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH CHILDREN'S FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER RESPONSE, AND PARTNER RESOURCING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 61,710,914 including grants of \$ 40,094,356) (Revenue \$)

PARTNER RESOURCING - THROUGH COLLABORATION WITH OTHER LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS REACH BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS CONVOY OF HOPE PROVIDED PARTNER RESOURCING LOADS TO OVER 124 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED)

4b (Code) (Expenses \$ 37,647,702 including grants of \$ 21,461,827) (Revenue \$)

INTERNATIONAL COMMUNITY DEVELOPMENT - THE ORGANIZATION FIGHTS HUNGER AND UNDERNUTRITION THROUGH DISTRIBUTION OF NUTRIENT DENSE FOODS AND MICRONUTRIENT SUPPLEMENTATION IN FOOD INSECURE COMMUNITIES IN ADDITION TO MEETING IMMEDIATE NUTRIENT NEEDS, CONVOY OF HOPE WORKS IN A GROWING NUMBER OF LOCATIONS ON HYGIENE PROMOTION, DISEASE PREVENTION, CLEAN WATER AND SANITATION PROJECTS, AGRICULTURAL TRAINING AND INCOME GENERATING ACTIVITIES (UNAUDITED) SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4c (Code) (Expenses \$ 10,142,798 including grants of \$ 5,416,143) (Revenue \$)

DISASTER RESPONSE - THE ORGANIZATION PROVIDES INITIAL RESPONSE TEAMS, INCIDENT SUPPORT, AND LONG TERM RECOVERY SOLUTIONS THROUGH ITS DEDICATED VOLUNTEER NETWORK, FLEET OF TRACTOR-TRAILERS, 300,000 SQUARE FOOT WORLD DISTRIBUTION CENTER AND ON-THE-GROUND PARTNERS SINCE 1998, THE ORGANIZATION HAS QUICKLY AND EFFECTIVELY PROVIDED EMERGENCY FOOD, WATER, SHELTER AND SUPPLIES TO SURVIVORS THROUGHOUT THE WORLD DURING 2015, CONVOY OF HOPE RESPONDED GLOBALLY TO 26 DISASTERS THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 37 LOADS OF DISASTER RELIEF SUPPLIES, INCLUDING 675,000 MEALS, TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 9 STATES AND 9 COUNTRIES, WITH OVER 17 ORGANIZATIONS (UNAUDITED)

4d Other program services (Describe in Schedule O)

(Expenses \$ 4,621,892 including grants of \$ 2,933,254) (Revenue \$)

4e Total program service expenses 114,123,306

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?	Yes	
b	If "Yes," enter the name of the foreign country: <u>ES, ET, HO, NU, RP, TZ</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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? 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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No response. Includes questions 1a-9 regarding governing body composition and relationships.

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

Table with columns for question number, description, and Yes/No response. Includes questions 10a-16b regarding organizational policies and procedures.

Section C. Disclosure

Table with columns for question number, description, and Yes/No response. Includes questions 17-20 regarding state requirements, public access to documents, and record keeping.

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, or 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 organization 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,553,302	0	227,102	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

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

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
RESOLUTION INC, 5620 TCHOUPITOULAS STREET NEW ORLEANS, LA 70115	CONTRACTED SHIPPING	1,085,050
WORLDWIDE EXPRESS, 130 S BEMISTON AVE 400 ST LOUIS, MO 63105	CONTRACTED SHIPPING	141,718
WESTFALL GOLD INC, 1300 PEACHTREE INDUSTRIAL BLVD SUWANEE, GA 30024	DEVELOPMENT SERVICES	192,967
ABF LOGISTICS, 100 N CARTAGE LN STRAFFORD, MO 65757	CONTRACTED SHIPPING	171,009
BKD LLP, 910 E ST LOUIS STREET STE 200 SPRINGFIELD, MO 65801	AUDIT/TAX/CONSULTING	131,670

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 **7**

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					
	b	Membership dues 1b					
	c	Fundraising events 1c	2,342				
	d	Related organizations 1d	317,000				
	e	Government grants (contributions) 1e	1,661,859				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	124,846,178				
	g	Noncash contributions included in lines 1a-1f \$	105,251,242				
	h	Total. Add lines 1a-1f	126,827,379				
Program Service Revenue	2a	3RD PARTY SHIPPING	480000	365,167		365,167	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		365,167			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		28,971		28,971
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross rents	(i) Real	543,283			
			(ii) Personal				
			b Less rental expenses	232,547			
			c Rental income or (loss)	310,736	0		
d		Net rental income or (loss)		310,736		310,736	
7a		Gross amount from sales of assets other than inventory	(i) Securities	1,698,781			
			(ii) Other				
			b Less cost or other basis and sales expenses	450,731	1,219		
			c Gain or (loss)	1,248,050	-1,219		
d		Net gain or (loss)		1,246,831		1,246,831	
8a		Gross income from fundraising events (not including \$ 2,342 of contributions reported on line 1c) See Part IV, line 18	a		33,231		
			b Less direct expenses b		780,540		
			c Net income or (loss) from fundraising events		-747,309		-747,309
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			0			
10a	Gross sales of inventory, less returns and allowances	a		3,914			
		b Less cost of goods sold b		2,223			
		c Net income or (loss) from sales of inventory		1,691		1,691	
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	8,820		8,820		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,820				
12	Total revenue. See Instructions		128,042,286		310,736	904,171	

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 domestic organizations and domestic governments. See Part IV, line 21	28,373,890	28,373,890		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	489,804	489,804		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	41,041,886	41,041,886		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	823,447		823,447	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	586,990	48,782	309,002	229,206
7	Other salaries and wages	7,008,811	2,930,120	760,091	3,318,600
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	252,496	100,629	25,212	126,655
9	Other employee benefits	1,393,207	590,546	167,528	635,133
10	Payroll taxes	510,490	191,739	112,288	206,463
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	24,416	1,643	19,911	2,862
c	Accounting	118,047	43,343	74,704	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	376,845			376,845
f	Investment management fees	8,995			8,995
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,377,428	1,960,744	62,271	354,413
12	Advertising and promotion	240,055	130,671		109,384
13	Office expenses	2,394,877	1,743,529	164,234	487,114
14	Information technology	171,163	15,362	48,884	106,917
15	Royalties	0			
16	Occupancy	401,124	179,734	220,055	1,335
17	Travel	2,762,611	1,900,542	134,505	727,564
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	198,604	83,441	32,490	82,673
20	Interest	57,405		57,405	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	969,965	665,476	107,378	197,111
23	Insurance	258,944	13,061	242,394	3,489
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	RELIEF & SUPPLIES	28,372,884	28,372,884		
b	VALUATION WRITE-DOWN	5,150,957	5,150,957		
c	EVENT EXPENSES	1,294,082			1,294,082
d	LICENSES & TAXES	286,152	55,704	113,254	117,194
e	All other expenses	139,629	38,819	45,743	55,067
25	Total functional expenses. Add lines 1 through 24e	126,085,204	114,123,306	3,520,796	8,441,102
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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	168,684	1	102,461
	2 Savings and temporary cash investments	8,984,450	2	4,900,942
	3 Pledges and grants receivable, net	526,160	3	73,704
	4 Accounts receivable, net	117,800	4	127,124
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		0	5	0
	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			
		0	6	0
	7 Notes and loans receivable, net	11,000	7	6,500
	8 Inventories for sale or use	25,680,842	8	30,530,538
	9 Prepaid expenses and deferred charges	81,979	9	105,590
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 18,566,210		
	b Less accumulated depreciation	10b 8,269,381	11,043,792	10c 10,296,829
	11 Investments—publicly traded securities	13,912	11	329,953
	12 Investments—other securities. See Part IV, line 11	27,956	12	27,743
	13 Investments—program-related. See Part IV, line 11	0	13	0
14 Intangible assets	0	14	0	
15 Other assets. See Part IV, line 11	354,228	15	328,736	
16 Total assets. Add lines 1 through 15 (must equal line 34)	47,010,803	16	46,830,120	
Liabilities	17 Accounts payable and accrued expenses	1,752,435	17	1,059,837
	18 Grants payable	0	18	0
	19 Deferred revenue	110	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,861	21	23,092
	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			
		0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,429,365	23	4,448,874
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
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	126,984	25	83,777	
26 Total liabilities. Add lines 17 through 25	7,314,755	26	5,615,580	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,777,591	27	15,616,040
	28 Temporarily restricted net assets	21,918,457	28	25,598,500
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	39,696,048	33	41,214,540	
34 Total liabilities and net assets/fund balances	47,010,803	34	46,830,120	

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	128,042,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,085,204
3	Revenue less expenses Subtract line 2 from line 1	3	1,957,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,696,048
5	Net unrealized gains (losses) on investments	5	-438,590
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,214,540

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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	Yes	
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?		No
3b 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		

Additional Data

Software ID:
Software Version:
EIN: 68-0051386
Name: CONVOY OF HOPE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BRAD ROSENBERG CHAIRMAN	10 00	X		X				0	0	0
COURT DURKALSKI VICE CHAIRMAN	10 00	X		X				0	0	0
BRAD TRASK SECRETARY	10 00	X		X				0	0	0
MICHAEL KERN TREASURER	10 20	X		X				100	0	0
TOM CARTER DIRECTOR	10 00	X						0	0	0
AARON COLE DIRECTOR	10 00	X						0	0	0
BARRY COREY PHD DIRECTOR	10 00	X						0	0	0
DAVID CRIBBS DIRECTOR	10 00	X						0	0	0
DOMINICK GARCIA DIRECTOR	10 00	X						0	0	0
NICK GARZA DIRECTOR	10 00	X						0	0	0
RANDY HURST DIRECTOR	10 00	X						0	0	0
CHERYL JAMISON DIRECTOR	10 00	X						0	0	0
KLAYTON KO DIRECTOR	10 00	X						0	0	0
HUGH OSSIE MILLS DIRECTOR	10 00	X						0	0	0
DISHAN WICKRAMARATNE DIRECTOR	10 00	X						0	0	0
KIRK YAMAGUCHI DIRECTOR	10 00	X						0	0	0
KAY LOGSDON DIRECTOR	10 00	X						100	0	0
HAL DONALDSON PRESIDENT	40 20			X				275,118	0	28,046
MARK METZGER CHIEF FINANCIAL OFFICER	40 10			X				112,159	0	23,642
KEITH BOUCHER SENIOR VP & COO	40 00				X			178,283	0	26,294
RICK WAGGONER VP - DEVELOPMENT	40 10				X			154,419	0	25,286
DANIEL CLARK JR VP - PHILANTHROPY	40 00					X		127,119	0	24,038
DANIEL RICE PHILANTHROPY ARCHITECT	40 00					X		135,821	0	20,544
TERRI HASDORFF VP - GOVERNMENT RELATIONS	40 00					X		144,736	0	13,836
KARY KINGSLAND SENIOR VP - GLOBAL INITIATIVES	40 00					X		127,452	0	19,238

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RANDY RICH VP - ADMINISTRATION	40 0 0 0					X		116,819	0	23,642
MIKE MCCLAFLIN FORMER CHAIRMAN	40 0 0 0						X	85,976	0	17,720
CHRIS SONSKEN FORMER DIRECTOR	40 0 0 0						X	95,200	0	4,816

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	74,694,625	85,736,314	111,110,668	110,928,740	126,827,379	509,297,726
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	74,694,625	85,736,314	111,110,668	110,928,740	126,827,379	509,297,726
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)						39,790,712
6 Public support. Subtract line 5 from line 4						469,507,014

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	74,694,625	85,736,314	111,110,668	110,928,740	126,827,379	509,297,726
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	165,874	124,511	64,049	53,237	28,971	436,642
9 Net income from unrelated business activities, whether or not the business is regularly carried on	284,318	261,278	192,534	205,328	310,735	1,254,193
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		29,445	5,181	25,695	12,734	73,055
11 Total support. Add lines 7 through 10						511,061,616
12 Gross receipts from related activities, etc. (see instructions)					12	13,284
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91.869%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	85.585%
16a 33 1/3% support test—2015. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/>		

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (CONVOY OF HOPE) and Employer identification number (68-0051386)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Y e s <input type="checkbox"/> N o													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total. Add lines 1c through 1i.
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
		No	
		No	
		No	
		No	
		No	
		No	
	Yes		180
			180
		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	OTHER LOBBYING ACTIVITIES DURING 2015, CONVOY OF HOPE PAID DUES TO THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION (INTERACTION), THE EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY, THE NATIONAL ASSOCIATION OF EVANGELICALS, AND NATIONAL RELIGIOUS BROADCASTING. A PORTION OF THESE DUES MAY BE USED FOR LOBBYING PURPOSES. ALSO, DURING 2015, CONVOY OF HOPE PAID \$3,005 OF MEMBERSHIP DUES TO THE SPRINGFIELD AREA CHAMBER OF COMMERCE. SIX PERCENT OF THESE DUES ARE USED FOR LOBBYING PURPOSES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization CONVOY OF HOPE

Employer identification number 68-0051386

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
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?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?
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" on 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) Revenue included on 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 Revenue included on 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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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.

Table with 6 columns: (a) Current year, (b) Prior year, (b) (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and 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 100.000%
b Permanent endowment
c Temporarily restricted endowment
The percentages on 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

Table with 2 columns: Yes, No. Rows include 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO COH FOUNDATION	83,777
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 83,777

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	130,955,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-438,590
b	Donated services and use of facilities	2b	1,000,922
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,652,151
e	Add lines 2a through 2d	2e	2,214,483
3	Subtract line 2e from line 1	3	128,740,596
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	-698,310
c	Add lines 4a and 4b	4c	-698,310
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	128,042,286

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	128,278,933
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,000,922
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,322,773
e	Add lines 2a through 2d	2e	2,323,695
3	Subtract line 2e from line 1	3	125,955,238
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	129,966
c	Add lines 4a and 4b	4c	129,966
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	126,085,204

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

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	EXPLAIN ARRANGEMENT WHERE ORGANIZATION IS INTERMEDIARY FOR CONTRIBUTIONS WHILE THE ORGANIZATION DID NOT SERVE AS A CUSTODIAN OR HOLD ESCROW ACCOUNT LIABILITY, UNDER FAS136 CONVOY OF HOPE COLLECTED \$86,463 OF FUNDS ON BEHALF OF OTHERS DURING 2015 \$69,232 WAS PAID OUT PRIOR TO YEAR END AND A \$23,092 LIABILITY REMAINED ON THE BALANCE SHEET AT 12/31/15
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS ENDOWMENT FUNDS ARE INTENDED TO FUND CONVOY OF HOPE FAR INTO THE FUTURE FUNDS ARE INVESTED FOR GROWTH WITH THE INTENT OF PROVIDING SUPPORT TO CONVOY OF HOPE THROUGH AN ANNUAL ENDOWMENT PAYOUT
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITION MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 \$ 1,652,151 CONVOY OF HOPE FOUNDATION REVENUE
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 \$(780,540) SPECIAL EVENT EXPENSES (232,547) RENTAL EXPENSES (2,223) MERCHANDISE COST OF GOODS SOLD 317,000 CONTRIBUTION FROM CONVOY OF HOPE FOUNDATION ----- \$(698,310)
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 \$ 780,540 SPECIAL EVENT EXPENSES 307,463 CONVOY OF HOPE FOUNDATION EXPENSES 232,547 RENTAL EXPENSES 2,223 MERCHANDISE COST OF GOODS SOLD ----- \$ 1,322,773
SCHEDULE D, PART XII, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 \$ 129,966 GRANTS PAID TO CONVOY OF HOPE FOUNDATION

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CONVOY OF HOPE

Employer identification number

68-0051386

Part I General Information on Activities Outside the United States.

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of 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)

Table with 6 columns: (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) 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. Includes sub-totals and totals for lines 3a, 3b, and 3c.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(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 27

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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; do not file with Form 990)* 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; do not file with Form 990)* 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	EXPLANATION OF GRANTMAKING CONVOY OF HOPE MAINTAINS PARTNERSHIP RELATIONSHIPS WITH ORGANIZATIONS WORLDWIDE AND MONITORS THEIR PROGRAM NEEDS AND ABILITY TO FURTHER CARRY OUT CONVOY OF HOPE'S MISSION IN OTHER COUNTRIES IN AN EFFECTIVE AND EFFICIENT MANNER CONVOY OF HOPE'S GLOBAL INITIATIVES TEAM MEMBERS SCREEN RECIPIENT ORGANIZATIONS AND COMPLETES RANDOM COUNTRY VISITS TO MONITOR THE USE OF GRANTS AND OUTCOMES

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	PROGRAM SERVICE DESCRIPTION THE FOLLOWING ARE DESCRIPTIONS FOR EACH PROGRAM SERVICE ACTIVITY NOT CONTAINING A DESCRIPTION ON LINE 3 COLUMN E (1) DEVELOPMENT/FEEDING INITIATIVES, DISASTER RESPONSE, AND OUTREACH (4) DEVELOPMENT/FEEDING INITIATIVES, AND DISASTER RESPONSE (17) DEVELOPMENT/FEEDING AND DISASTER RESPONSE (21) DEVELOPMENT FEEDING AND DISASTER RESP ONSE

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, ROW 7, COLUMN B	FOREIGN OFFICES CONVOY OF HOPE PARTNERS WITH COH-EUROPE. NO OFFICES WERE HELD BY CONVOY OF HOPE DIRECTLY

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	3	25	Program Services	SEE SCH F NARRATIVE	12,677,198
Central America and the Caribbean			Fundraising		233,704
Central America and the Caribbean			Grantmaking		35,776,790

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	1	10	Program Services	SEE SCH F NARRATIVE	7,499,493
East Asia and the Pacific			Fundraising		22,360
East Asia and the Pacific			Grantmaking		2,836,696

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	OUTREACH	28,323
Europe (Including Iceland and Greenland)			Fundraising		359
Europe (Including Iceland and Greenland)			Grantmaking		300,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	OUTREACH	68,898
Middle East and North Africa			Fundraising		4,655
Middle East and North Africa			Grantmaking		320,400

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Program Services	OUTREACH	978
North America			Fundraising		31
Russia and the Newly Independent States			Program Services	OUTREACH	112,860

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Grantmaking		237,600
South America			Program Services	SEE SCH F NARRATIVE	113,400
South Asia			Program Services	DISASTER	405,021

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Fundraising		6,776
South Asia			Grantmaking		197,500
Sub-Saharan Africa	3	31	Program Services	SEE SCH F NARRATIVE	9,185,665

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			Fundraising		76,618
SUB-SAHARAN AFRICA			Grantmaking		1,372,900

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MINISTRY PTN	867,800	WIRE TRANSFE			
		Europe (Including Iceland and Greenland)	MINISTRY PTN	300,000	WIRE TRANSFE			
		Middle East and North Africa	MINISTRY PTN	200,000	ELECTR FUNDS			
		South Asia	MINISTRY PTN	127,500	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	MINISTRY PTN	75,000	WIRE TRANSFE			
		Central America and the Caribbean	MINISTRY PTN	60,564	ELECTR FUNDS			
		South Asia	MINISTRY PTN	40,000	WIRE TRANSFE			
		South Asia	MINISTRY PTN	30,000	CASH PAYMENT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MINISTRY PTN	15,200	WIRE TRANSFE			
		Middle East and North Africa	MINISTRY PTN	12,000	ELECTR FUNDS			
		Middle East and North Africa	MINISTRY PTN	10,400	WIRE TRANSFE			
		Sub-Saharan Africa	MINISTRY PTN	9,700	CASH PAYMENT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MINISTRY PTN	8,500	WIRE TRANSFE			
		Middle East and North Africa	MINISTRY PTN	7,000	CASH PAYMENT			
		Central America and the Caribbean	MINISTRY PTN			25,713,090	FOOD AND SUP	FMV
		Central America and the Caribbean	MINISTRY PTN			8,754,348	FOOD AND SUP	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		East Asia and the Pacific	MINISTRY PTN			2,229,900	FOOD AND SUP	FMV
		Sub-Saharan Africa	MINISTRY PTN			699,690	FOOD AND SUP	FMV
		Sub-Saharan Africa	MINISTRY PTN			403,584	FOOD AND SUP	FMV
		East Asia and the Pacific	MINISTRY PTN			396,000	FOOD AND SUP	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Russia and the Newly Independent States	MINISTRY PTN			237,600	FOOD AND SUP	FMV
		Sub-Saharan Africa	MINISTRY PTN			232,200	FOOD AND SUP	FMV
		East Asia and the Pacific	MINISTRY PTN			207,646	FOOD AND SUP	FMV
		Central America and the Caribbean	MINISTRY PTN			164,868	FOOD AND SUP	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MINISTRY PTN			113,400	FOOD AND SUP	FMV
		Central America and the Caribbean	MINISTRY PTN			75,524	FOOD AND SUP	FMV
		Sub-Saharan Africa	MINISTRY PTN			26,256	FOOD AND SUP	FMV

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BERKEY BRENDEL SHELINE	FUNDRAISING CONSULTANT		No	678,399	73,986	604,413
2 ALBERT B YORK ASSOC LLC	GRANT APPL SERVICES		No	74,978	23,161	51,817
3 WESTFALL GROUP INC	FUNDRAISING CONSULTANT		No	3,069,704	265,585	2,804,119
4 COVENANT CALLS LLC	BEQUEST CALLING		No		14,113	-14,113
5						
6						
7						
8						
9						
10						
Total				3,823,081	376,845	3,446,236

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1 HOPE CRUISE (event type)	(b)Event #2 5K (event type)	(c)Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	27,832	7,741		35,573
	2 Less Contributions		2,342		2,342
	3 Gross income (line 1 minus line 2)	27,832	5,399		33,231
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,811	200		11,011
	6 Rent/facility costs	733,905			733,905
	7 Food and beverages	66	407		473
	8 Entertainment		4,145		4,145
	9 Other direct expenses	24,858	6,148		31,006
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				780,540
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-747,309	

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility

13a		%
------------	--	---

b An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN V	EXPLANATION OF FUNDRAISING PAYMENTS FUNDRAISING EXPENSES AND REIMBURSEMENTS REPORTED INCLUDE FIXED MONTHLY CONSULTING FEES PLUS REIMBURSABLE OUT OF POCKET TRAVEL EXPENSES AS WELL AS FUNDRAISING APPEAL PREPARATION SERVICE COSTS WHICH EXCLUDE SUCH THINGS AS POSTAGE, FREIGHT, AND ENVELOPES CONSULTANTS DO NOT SOLICIT AND DO NOT AT ANY TIME HAVE CUSTODY OR CONTROL OF DONATIONS

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

2015

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

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 98

3 Enter total number of other organizations listed in the line 1 table 98

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) DISASTER RECOVERY SERVICES	125		489,804	FMV	SEE PART IV

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S CONVOY OF HOPE'S GLOBAL INITIATIVES AND/OR SUPPLY CHAIN PERSONNEL SCREEN GRANT RECIPIENTS TO ENSURE GRANTS ARE MADE TO ONLY QUALIFIED CHARITABLE ORGANIZATIONS CONVOY OF HOPE MAINTAINS ONGOING RELATIONSHIPS THROUGHOUT THE YEAR WITH GRANTEEES AND MONITORS THE USE OF GRANT FUNDS IN ACCORDANCE WITH THE UNDERLYING GRANT AGREEMENTS
SCHEDULE I, PART II, PAGE 5, LINE 11	MISSING EIN RACELAND FIRE DEPARTMENT FAILED TO PROVIDE AN EIN TO CONVOY OF HOPE AFTER EXHAUSTIVE EFFORTS BY CONVOY OF HOPE TO RETRIEVE THE INFORMATION 99-9999999 HAS BEEN ENTERED IN COLUMN B TO ALLOW FOR THE E-FILING OF THE FORM 990
SCHEDULE I, PART III, COLUMN F, LINE 1	DESCRIPTION OF NONCASH ASSISTANCE THE FOLLOWING IS A DESCRIPTION OF THE NONCASH ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES HOME REBUILDS AND REPAIRS, APPLIANCES, AND REPLACEMENT VEHICLE

Additional Data

Software ID:
Software Version:
EIN: 68-0051386
Name: CONVOY OF HOPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ABUNDANT MINISTRIES 1545 SOUTH MISSION AVE BOLIVAR, MO 65613	26-2662879	501(C)(3)		57,542	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
AFRICA'S HOPE 580 W CENTRAL ST SPRINGFIELD, MO 65802	44-0577787	501(C)(3)		11,631	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DR OAKLAND, CA 94621	94-2960297	501(C)(3)		14,040	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMBASSADORS FOR CHRIST 3012 MOCKINGBIRD DRIVE ST CHARLES, MO 63301	91-0193796	501(C)(3)		59,400	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ASH GROVE ASSEMBLY OF GOD 411 N CRESTVIEW AVENUE ASH GROVE, MO 65604	43-1271451	501(C)(3)		12,809	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BARNABAS FOUNDATION INC PO BOX 3200 SPRINGFIELD, MO 65808	43-1700240	501(C)(3)		11,679	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BETHESDA MISSION 5 PLEASANT VIEW DR MECHANICSBURG, PA 17055	23-1389397	501(C)(3)		293,061	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BREAD OF LIFE MINISTRY 13188 SPURGEON RD LYNNVILLE, IN 47619	11-2697211	501(C)(3)		511,393	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BROWNSVILLE TEEN CENTER 1434 E SAN MARCELO BROWNSVILLE, TN 78526	31-1662809	501(C)(3)		9,736	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC CHARITIES FOR SOUTHERN MISSOURI 424 E MONASTERY SPRINGFIELD, MO 65807	80-0455890	501(C)(3)		10,506	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY 16 FLOOR NEW YORK, NY 10004	13-3843322	501(C)(3)		10,700	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CHILDREN'S HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	95-4335462	501(C)(3)		235,269	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOOD BANK 3000 GALVEZ FORT WORTH, TX 76111	75-1813170	501(C)(3)		12,738	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CONSCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CA 80302	27-0035894	501(C)(3)		45,878	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CORNERSTONE CHURCH 16010 ANNAPOLIS RD BOWIE, MD 20715	52-1129473	501(C)(3)		36,114	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSLINES 1710 E CHESTNUT EXSWY SPRINGFIELD, MO 65802	43-0903657	501(C)(3)		151,916	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CROSSROADS ALLIANCE AND MINISTRIES 4800 NW 5TH ST OCALA, FL 34482	84-1651362	501(C)(3)		324,101	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DELANCY STREET FOUNDATION PIER 70 550 20TH ST SAN FRANCISCO, CA 94107	23-7102690	501(C)(3)		19,508	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DISASTER RELIEF AT WORK 5255 HUDSON WATERFORD, MI 48329	45-4900831	501(C)(3)		11,628	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DIVINE LIGHT 25 E HIGH ST PHILADELPHIA, PA 19144	42-1721007	501(C)(3)		37,404	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ESSENCE OF HOPE 1320 WHITE ST SW ATLANTA, GA 30310	14-1989286	501(C)(3)		201,613	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EVANGEL UNIVERSITY 1111 N GLENTSTONE AVE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)		17,425	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FEEDING CHILDREN EVERYWHERE PO BOX 258 SANFORD, FL 32772	27-3274349	501(C)(3)		31,860	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FIRST ASSEMBLY OF GOD 1320 S SPRINGFIELD AVE BOLIVAR, MO 65613	43-1149610	501(C)(3)		41,209	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST ASSEMBLY OF GOD 919 HIGHWAY Z ST ROBERT, MO 65584	43-1112313	501(C)(3)		89,807	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FLINT STREET FELLOWSHIP 33 N MAIN ST EUREKA SPRINGS, AR 72632	71-0702790	501(C)(3)		7,442	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GAIN PO BOX 139020 DALLAS, TX 75313	95-4578963	501(C)(3)		330,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GENERAL COUNCIL ASSEMBLIES OF GOD AND SUB 1445 N BOONVILLE SPRINGFIELD,MO 65802	44-0577787	501(C)(3)		118,800	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA,CA 93618	77-0170546	501(C)(3)		237,829	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLOBAL HEART INTERNATIONAL 406 E COMMERCE ST FAIRFIELD,TX 75804	04-3683554	501(C)(3)		463,901	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOODNESS OUTREACH DEPOT 102 BAYNE RD HASLET, TX 76052	68-0152138	501(C)(3)		516,252	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HANDS OF HOPE ILLINOIS 511 OAKLEAF COURT JOILLET, IL 60434	26-0643414	501(C)(3)		2,265,004	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HEART OF COMPASSION 600 S MAPLE MONTEBELLO, CA 90640	42-1573926	501(C)(3)		670,102	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEH INC 631 1/2 DEPOT ST BLISSFIELD, MI 49228	20-2676354	501(C)(3)		1,412,847	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HOMELESS PRENATAL 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)		97,873	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HOSEA FEED THE HUNGRY 1035 DONNELLY AVE SW ATLANTA, GA 30310	44-0577787	501(C)(3)		8,400	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INNER CITY OUTREACH PO BOX 1486 SPRINGFIELD, MO 65801	43-0972180	501(C)(3)		94,039	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
JAMES RIVER ASSEMBLY 6100 N 19TH ST OZARK, MO 65721	43-1564676	501(C)(3)		11,732	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
KIDS ACROSS AMERICA 1429 LAKESHORE DR BRANSON, MO 65616	43-1348373	501(C)(3)		37,650	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOS ANGELES DREAM CENTER 2301 BELLVIEW AVE LOS ANGELES, CA 90026	95-1803686	501(C)(3)		294,628	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MIDWEST FOOD BANK NFP 1703 S VETERANS PKWY BLOOMINGTON, IL 61701	41-2120170	501(C)(3)		2,691,382	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DR NEOSHO, MO 64850	44-0577787	501(C)(3)		208,887	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MT VIEW CHRISTIAN CENTER 317 MOUNTAIN VIEWLAND BURLEY, ID 83318	43-1550318	501(C)(3)		140,818	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NATIONAL ASSOCIATION OF DRUG ABUSE PROBLEMS 355 LEXINGTON AVE 2ND FLOOR NEW YORK, NY 10017	13-2814327	501(C)(3)		9,561	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NEW BEGINNINGS FAMILY CENTER 655 NORTH 10TH ST DECATUR, IN 46733	20-0337311	501(C)(3)		23,729	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW LIFE ASSEMBLY OF GOD 2416 N WRIGHT RD JANESVILLE, WI 53546	39-1258325	501(C)(3)		21,414	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NEWPORT ASSEMBLY OF GOD 36 N FRONT ST NEWPORT, PA 17074	23-1988339	501(C)(3)		1,598,873	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NINEVEH OUTREACH 1601 COFFEE RD MODESTO, CA 95355	94-1294940	501(C)(3)		26,237	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTH POINT CHURCH 3401 WNORTON RD SPRINGFIELD, MO 65803	05-0574634	501(C)(3)		13,001	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NORTHWEST HARVEST 711 CHERRY ST SEATTLE, WA 98102	91-0826037	501(C)(3)		70,507	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NPOWER INC 3 METROTECH CENTER MEZZANINE BROOKLYN, NY 11201	13-4145441	501(C)(3)		13,637	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OAK GROVE ASSEMBLY OF GOD 1320 S OAK GROVE AVE SPRINGFIELD, MO 65804	43-1215614	501(C)(3)		13,828	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OFFENDER AND RESOTRATION OF ARLINGTON 1400 N UHLE ST NO 704 ARLINGTON, VA 22201	54-1024562	501(C)(3)		9,483	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ON YOUR FEET 2733 VIA ORANGE WAY STE 101 SPRING VALLEY, CA 91978	35-2329448	501(C)(3)		38,468	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OPERATION BLESSING 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)		1,045,795	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OPERATION FOOD SEARCH 6282 OLIVE BLVD ST LOUIS, MO 63130	43-1241854	501(C)(3)		35,616	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OUTREACH UNLIMITED 100 I-45 N STE 210 CONROE, TX 77301	37-0984385	501(C)(3)		1,066,648	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROJECT FOR PRIDE IN LIVING 1035 E FRANKLIN AVE MINNEAPOLIS, MN 55404	23-7232208	501(C)(3)		10,547	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
RACELAND FIRE DEPARTMENT 711 CHINN STREET RACELAND, KY 71169	99-9999999	501(C)(3)		7,836	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
REACH OUT AMERICA 2910 STONEPOINTE MCKINNEY, TX 77070	76-0628517	501(C)(3)		24,238	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REAL LIFE CHURCH OF GALT 550 INDUSTRIAL DR STE 100 GALT, CA 95632	27-1282723	501(C)(3)		14,332	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
RMBC COMMUNITY SERVICES INC 3560 S THIRD ST MEMPHIS, TN 38109	35-2342794	501(C)(3)		9,306	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ROY W SLUSHER FOUNDATION PO BOX 387 ST LOUIS, MO 63166	43-6391515	501(C)(3)		21,526	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RURAL COMPASSION 330 S PATTERSON SPRINGFIELD, MO 65802	20-0870007	501(C)(3)		7,712,941	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SAM-CARE INTERNATIONAL 4725 EVORA RD CONCORD, CA 94520	92-0185626	501(C)(3)		107,555	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SERVE THE PEOPLE 1206 E 17TH ST 205 SANTA ANA, CA 92701	27-0421556	501(C)(3)		92,010	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTH SIDE BAPTIST 465 S GRANT AVE SPRINGFIELD, MO 65807	44-0559622	501(C)(3)		5,588	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SOUTHERN CRESCENT RESOURCE MINISTRY 112 PARK W DR MCDONOUGH, GA 30252	58-2097740	501(C)(3)		557,027	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SOUTHERN MISSOURI DISTRICT OF THE AG 528 W BATTLEFIELD SPRINGFIELD, MO 65807	44-6000911	501(C)(3)		8,065	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHPOINTE CHRISTIAN CENTER 7520 STOCKTON BLVD SACRAMENTO, CA 95823	94-2717602	501(C)(3)		8,501	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SPRINGFIELD VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1592707	501(C)(3)		158,605	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SPRINGS RESCUE MISSION 5 WEST LAS VEGAS ST COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)		39,934	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE COMMUNITY PANTRY 1130 E HABLER VALLEY RD GALLUP, NM 87301	85-0460193	501(C)(3)		84,420	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE HILL 210 LOCUST DRIVE VALLEJO, CA 94591	94-1347030	501(C)(3)		18,086	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE JAMES NETWORK 1312 E 310TH RD FLEMINGTON, MO 65650	32-0437714	501(C)(3)		40,063	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE KITCHEN INC 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)		10,681	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE MESSIAH PROJECT 931 S KICKAPOO SPRINGFIELD, MO 65804	43-1601553	501(C)(3)		113,400	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
TRINITY CHURCH 17801 NW 2ND AVE MIAMI, FL 33169	59-1201093	501(C)(3)		23,639	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VICTORY CHRISTIAN CENTER 7700 S LEWIS AVE TULSA, OK 74136	73-1118160	501(C)(3)		371,762	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)		15,598	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
WAY OF THE CROSS 224 N F STREET HARLINGEN, TX 78550	74-2585510	501(C)(3)		1,672,819	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WE CARE FOR ALL 4700 STEEL DRIVE HAMPTON,GA 30228	58-2553019	501(C)(3)		781,513	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
YEARUP 45 MILK STREET BOSTON,MA 02109	04-3534407	501(C)(3)		20,715	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ALLIANCE TO END HUNGER 425 3RD STREET SW NO 1200 WASHINGTON,DC 20024	20-2803848	501(C)(3)	10,000				MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVE SPRINGFIELD, MO 65802	46-2845781	501(C)(3)	129,966				MINISTRY FULFILLMENT
CROZIERLIFE 5803 ABERDEEN DR SOUTH BEND, IN 46614	90-0703643	501(C)(3)	20,000				MINISTRY FULFILLMENT
EMERGE COUNSELING 900 MULL AVE AKRON, OH 44313	34-1213335	501(C)(3)	20,000				MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMMANUAL CHRISTIAN CENTER 7777 UNIVERSITY AVE NE MINNEAPOLIS, MN 55432	41-1253171	501(C)(3)	18,449				MINISTRY FULFILLMENT
EVANGEL ASSEMBLY OF GOD 5900 OLD BRANCH AVE TEMPLE HILLS, MO 20748	52-1051197	501(C)(3)	21,616				MINISTRY FULFILLMENT
GENERAL COUNCIL ASSEMBLIES OF GOD AND SUB 1445 N BOONVILLE SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	145,587				MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER GRACE CHURCH 3690 PERSHALL RD FERGUSON, MO 63135	43-1387303	501(C)(3)	11,803				MINISTRY FULFILLMENT
LAGRANGE CHRISTIAN ASSEMBLY 5707 WOLF RD LAGRANGE, IL 60525	23-7451118	501(C)(3)	19,451				MINISTRY FULFILLMENT
MUSEUM OF THE BIBLE 7707 SW 44TH STREET OKLAHOMA CITY, OK 73179	27-3444987	501(C)(3)	20,000				MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RED ROCKS CHURCH 9132 W BOWLES LITTLETON, CO 80123	90-0141346	501(C)(3)	18,749				MINISTRY FULFILLMENT
THE CHAMPION CENTER 3900 E BONANZA RD LAS VEGAS, NV 89110	88-0183880	501(C)(3)	25,198				MINISTRY FULFILLMENT
THE VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	20,000				MINISTRY FULFILLMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY KOOTENAI 501 E LAKESIDE AVE STE 3 COUER D ALENE, ID 83814	82-0232729	501(C)(3)	21,615				MINISTRY FULFILLMENT
VITAE FOUNDATION 1731 SOUTHRIDGE DR STE D JEFFERSON CITY, MO 65109	43-1138252	501(C)(3)	20,000				MINISTRY FULFILLMENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the filing organization used 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed on 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.</p>	Yes									
<p>8 Were any amounts reported on 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.</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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 on 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 in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HAL DONALDSON PRESIDENT	(i)	239,918	35,200	0	10,008	18,038	303,164	0
	(ii)	0	0	0	0	0	0	0
2 MIKE MCCLAFLIN FORMER CHAIRMAN	(i)	85,776	200	0	4,296	13,424	103,696	0
	(ii)	0	0	0	0	0	0	0
3 CHRIS SONSKEN FORMER DIRECTOR	(i)	95,000	200	0	4,750	66	100,016	0
	(ii)	0	0	0	0	0	0	0
4 DANIEL CLARK JR VP - PHILANTHROPY	(i)	114,919	12,200	0	6,000	18,038	151,157	0
	(ii)	0	0	0	0	0	0	0
5 DANIEL RICE PHILANTHROPY ARCHITECT	(i)	135,621	200	0	7,080	13,464	156,365	0
	(ii)	0	0	0	0	0	0	0
6 TERRI HASDORFF VP - GOVERNMENT RELATIONS	(i)	142,536	2,200	0	7,250	6,586	158,572	0
	(ii)	0	0	0	0	0	0	0
7 KEITH BOUCHER SENIOR VP & COO	(i)	163,083	15,200	0	8,256	18,038	204,577	0
	(ii)	0	0	0	0	0	0	0
8 RICK WAGGONER VP - DEVELOPMENT	(i)	139,219	15,200	0	7,248	18,038	179,705	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS COH'S PRESIDENT, SELECT BOD MEMBERS, AND SELECT EXECUTIVE STAFF WERE PROVIDED TRAVEL FOR COMPANIONS DURING CERTAIN FUNDRAISING EVENTS SPOUSAL TRAVEL WAS DETERMINED TO BE NON-TAXABLE TO THE EMPLOYEE AS THE TRAVEL WAS FOR A DOCUMENTED, BONA FIDE BUSINESS PURPOSE (AS DETERMINED BY REFERENCE TO INTERNAL REVENUE SERVICE GUIDANCE)
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS FOR OFFICERS OR DIRECTORS IN ADDITION TO BASE COMPENSATION, KEY EXECUTIVES ARE ALSO ELIGIBLE TO RECEIVE PERFORMANCE BONUS COMPENSATION IN ACCORDANCE WITH CRITERIA OUTLINED IN THE EXECUTIVE COMPENSATION PLAN BASE COMPENSATION AND PERFORMANCE BONUSES ARE PROPOSED BY THE COMPENSATION COMMITTEE

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2015

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Department of the Treasury Internal Revenue Service

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

Name of the organization: CONVOY OF HOPE; Employer identification number: 68-0051386

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVE DONALDSON	SEE PART V	187,439	EMPLOYEE COMP AND BENEFITS		No
(2) ANDREA METZGER	SEE PART V	48,782	EMPLOYEE COMP AND BENEFITS		No
(3) MATTHEW METZGER	SEE PART V	92,130	EMPLOYEE COMP AND BENEFITS		No
(4) DOREE DONALDSON	SEE PART V	41,767	EMPLOYEE COMPENSATION		No
(5) ELLIOT BOUCHER	SEE PART V	13,160	EMPLOYEE COMP AND BENEFITS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN B	RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION (1) DAVE DONALDSON IS THE BROTHER OF PRESIDENT HAL DONALDSON (2) ANDREA METZGER IS THE WIFE OF CFO MARK METZGER (3) MATTHEW METZGER IS THE BROTHER OF CFO MARK METZGER (4) DOREE DONALDSON IS THE WIFE OF CEO HAL DONALDSON (5) ELLIOT BOUCHER IS THE SON OF KEY EMPLOYEE KEITH BOUCHER

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization CONVOY OF HOPE

Employer identification number

68-0051386

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (RELIEF SUPPLIES).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 17

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, LINE 32B	DESCRIBE HOW THIRD PARTIES SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS IDONATE COM IS PART OF THE SERVANT CHRISTIAN FOUNDATION O'REILLY AUTO PARTS DONATES EXCESS INVENTORY TO IDONATE COM WHO IN TURN LIQUIDATES THE PRODUCT THROUGH A VARIETY OF METHODS INCLUDING ONLINE AUCTION (EBAY), RETAIL SALES, AND LIVE AUCTION AFTER TAKING A SMALL ADMINISTRATIVE FEE, SERVANT CHRISTIAN FOUNDATION DEPOSITS THE PROCEEDS OF THESE LIQUIDATIONS INTO A CONVOY OF HOPE FUND WITHIN ITS FOUNDATION CONVOY OF HOPE HAS CONTROL OF THAT FUND AND CAN TRANSFER THE FUNDS TO CONVOY OF HOPE AT ANY TIME
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS THE NUMBERS IN COLUMN B REPRESENT THE NUMBER OF TIMES A CONTRIBUTION WAS MADE FOR EACH CORRESPONDING LINE ITEM

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

Return Reference	Explanation
FORM 990, PART III, LINE 4B	PROGRAM SERVICES IN 2015, CONVOY OF HOPE DISTRIBUTED 46 MILLION MEALS TO MORE THAN 148,000 CHILDREN IN 10 COUNTRIES, EDUCATED OVER 47,000 CHILDREN AND PARENTS ON NUTRITION, HYGIENE, AND/OR SANITATION, TRAINED 1,469 INDIVIDUALS IN AGRICULTURE, AND WORKED WITH OVER 2,500 WOMEN AND GIRLS IN HEALTH AND EMPOWERMENT TRAININGS, 968 OF WHICH PARTICIPATED IN INCOME GENERATING PROJECTS AS A RESULT, THERE WAS A 27% NET DECREASE IN THE NUMBER OF CHILDREN CONSIDERED UNDERNOURISHED IN 2015 AND A 92.7% RETENTION RATE OF CHILDREN IN SCHOOLS (UNAUDITED) IN ADDITION, THE ORGANIZATION CONDUCTS FIELD TEAMS TO HELP ACCOMPLISH PROGRAM GOALS AND GIVE THOSE OUTSIDE THE ORGANIZATION OPPORTUNITIES TO SERVE AROUND THE WORLD IN 2015, 50 FIELD TEAMS, COMPRISED OF MORE THAN 620 VOLUNTEERS FROM CHURCHES, UNIVERSITIES AND/OR OTHER GROUPS OR ORGANIZATIONS, SERVED IN 6 COUNTRIES, INCLUDING THE UNITED STATES FIELD TEAM PROJECTS INCLUDE SUCH THINGS AS CONSTRUCTION/BUILDING, REFURBISHING SCHOOLS, CHURCHES, AND PROGRAM CENTERS, AND ASSISTING IN AGRICULTURE-BASED PROJECTS (UNAUDITED)

Return Reference	Explanation
FORM 990, PART III, LINE 4D	description of other program services community events/outreach - THE ORGANIZATION PROVIDES GUESTS OF HONOR WITH UNCONDITIONAL LOVE AND ACCEPTANCE THROUGH THE MOBILIZATION, TRAINING, AND RESOURCING OF VOLUNTEERS FROM LOCAL CHURCHES, BUSINESSES, AND COMMUNITIES INNER CITY OUTREACH EVENTS, PRIMARILY CONDUCTED IN THE UNITED STATES, FEATURE COST-FREE RESOURCES SUCH AS MEDICAL AND DENTAL SCREENINGS, HAIRCUTS, FOOD, JOB PLACEMENT ASSISTANCE, CONNECTION TO LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS, ENTERTAINMENT AND GROCERIES DURING 2015, CONVOY OF HOPE CONDUCTED 28 COMMUNITY OUTREACHES ACROSS 20 U S CITIES IN DOING SO, CONVOY OF HOPE PROVIDED GROCERIES, HEALTH SCREENINGS AND MORE TO OVER 82,000 GUESTS, MOBILIZED OVER 1,400 CHURCHES/ORGANIZATIONS AND ENGAGED MORE THAN 23,000 VOLUNTEERS (UNAUDITED)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY/BUSINESS RELATIONSHIPS BOARD MEMBERS MR MILLS AND MR COREY HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	EXECUTIVE COMPENSATION COMMITTEE DOCUMENTATION WHILE THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE DID NOT HAVE FORMAL MINUTES DURING THE YEAR, A DETAILED "EXECUTIVE COMPENSATION" REPORT WAS PREPARED BY THE CHAIRMAN OF THE ORGANIZATION'S COMPENSATION COMMITTEE AND SUBMITTED TO THE BOARD OF DIRECTORS FOR RATIFICATION GOING FORWARD, THE ORGANIZATION WILL ENSURE MINUTES ARE COMPLETED FOR ALL COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW THE FORM 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE FINANCE DEPARTMENT OF THE ORGANIZATION THE DRAFT OF THE 990 IS REVIEWED AND DISCUSSED BY THE ORGANIZATION'S AUDIT COMMITTEE COPIES OF THE FINAL FORM 990 ARE EMAILED TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE IN THE EVENT THE ORGANIZATION IS UNABLE TO PROVIDE THE FORMS PRIOR TO FILING, COPIES ARE PROVIDED TO BOARD MEMBERS AS SOON AS POSSIBLE BOARD MEMBERS ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CONTACT THE PREPARER, OTHER BOARD MEMBERS, AND/OR EXECUTIVE OFFICERS WITH ANY QUESTIONS OR CONCERNS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY ANNUALLY, EACH DECISION MAKER (E.G. DIRECTORS, OFFICERS, AND OTHER EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION OR ITS BOARD, OR MAKE COMMITMENTS ON THEIR BEHALF) IS REQUIRED TO COMPLETE THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE CONFIRMING THAT ALL CONFLICTS AND POTENTIAL CONFLICTS EXISTING DURING THE PRIOR YEAR, OR CURRENTLY EXISTING, HAVE BEEN DISCLOSED THE ORGANIZATION'S FINANCE/COMPLIANCE DEPARTMENT COMPILES, SUMMARIZES, AND REPORTS ON THE TOTAL CONFLICT OF INTEREST QUESTIONNAIRES ISSUED AND COMPLETED, AS WELL AS A SUMMARY OF POSSIBLE CONFLICTS THE REPORTING IS REVIEWED BY THE ORGANIZATION'S PRESIDENT AND BOARD CHAIRMAN TO DETERMINE WHETHER THE REPORTED TRANSACTION AND/OR OTHER CONFLICTING RELATIONSHIP IS JUST, FAIR, AND REASONABLE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION A BOARD LEVEL COMPENSATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE EXECUTIVE COMPENSATION PROGRAM AND MONITORS THE PROGRAM IN PLACE COMPENSATION OF THE ORGANIZATION'S CEO/PRESIDENT, EXECUTIVE STAFF, AND STAFF WITH FAMILY MEMBER RELATIONSHIPS ARE REVIEWED AND APPROVED BY THIS EXECUTIVE COMPENSATION COMMITTEE COMPARABILITY DATA IS USED IN DETERMINING THE SALARIES AND BONUSES OF THE CEO/PRESIDENT AND SENIOR VP/COO THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED EXECUTIVES AND RELATED FAMILY MEMBERS IN ACCORDANCE WITH THE COMPENSATION COMMITTEES ROLE DURING 2015 COMPENSATION FOR ALL OTHER MANAGEMENT AND STAFF LEVEL EMPLOYEES IS APPROVED BY THE CEO/PRESIDENT IN CONJUNCTION WITH THE SVP/CHIEF OPERATING OFFICER AND HUMAN RESOURCE DEPARTMENT THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS EXECUTIVE COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S MINUTES AND OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE AUDITED FINANCIAL STATEMENTS, FORMS 990 AND 990-T ARE POSTED ON THE ORGANIZATION'S WEBSITE. THE FORM 1023, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST

Return Reference	Explanation
FORM 990, PART VII, SECTION A	BOARD MEMBER COMPENSATION BOARD MEMBERS KAY LOGSDON AND MICHAEL KERN WERE PAID FOR THEIR SERVICES AS HONORARIUM SPEAKERS NO BOARD MEMBERS RECEIVED PAYMENT FOR THEIR SERVICES AS BOARD MEMBERS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ASPER COH INVESTMENT HOLDINGS LLC 330 S PATTERSON AVE SPRINGFIELD, MO 65802 30-0756967	INVESTMENTS	DE	712,816	1,826,089	COH

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVE SPRINGFIELD, MO 65802 46-2845781	SUPPORT	DE	501(C)(3)	11A I	COH	Yes	
(2) COH CORPORATION INC 330 S PATTERSON AVE SPRINGFIELD, MO 65802 46-2840126	SUPPORT	DE	501(C)(3)	11A I	COH	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONVOY OF HOPE FOUNDATION	B	129,966	COST
(2) CONVOY OF HOPE FOUNDATION	C	317,000	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**