

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
CONVOY OF HOPE
% DAN CLOPINE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
330 S PATTERSON AVE
City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, MO 65802

D Employer identification number
68-0051386
E Telephone number
(417) 823-8998
G Gross receipts \$ 138,449,641

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)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	149
6 Total number of volunteers (estimate if necessary)	48,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	315,476
7b Net unrelated business taxable income from Form 990-T, line 34	182,198

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	126,827,379	136,003,027
9 Program service revenue (Part VIII, line 2g)	365,167	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,275,802	75,667
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-426,062	-193,174
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	128,042,286	135,885,520

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	69,905,580	66,654,380
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)	10,575,441	10,464,972
16a Professional fundraising fees (Part IX, column (A), line 11e)	376,845	240,500
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,139,154		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	45,227,338	69,710,862
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	126,085,204	147,070,714
19 Revenue less expenses Subtract line 18 from line 12	1,957,082	-11,185,194

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	46,830,120	36,187,116
21 Total liabilities (Part X, line 26)	5,615,580	6,458,662
22 Net assets or fund balances Subtract line 21 from line 20	41,214,540	29,728,454

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: 2017-10-05
Type or print name and title: KREGG HOOD SENIOR VP & CBO

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

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 \$ 73,102,768 including grants of \$ 63,971,877) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 42,434,044 including grants of \$ 1,148,700) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 14,732,846 including grants of \$ 747,568) (Revenue \$)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 5,397,580 including grants of \$ 786,235) (Revenue \$)

4e Total program service expenses ▶ 135,667,238

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AK, AZ, AR, CA, CO, HI, KY, LA, MD, MA, MI, MN, MS, NH, NY, NC, ND, PA, SC, TN, VA, WA, WV, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAN CLOPINE 330 S PATTERSON AVE SPRINGFIELD, MO 65802 (417) 823-8998

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	500,000				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	140,729				
	e Government grants (contributions)	1e	487,832				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	134,874,466				
	g Noncash contributions included in lines 1a-1f \$ _____		107,817,061				
	h Total. Add lines 1a-1f			136,003,027			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0			
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,624			17,624	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
			528,007				
		b Less rental expenses	212,531				
		c Rental income or (loss)	315,476	0			
	d Net rental income or (loss)			315,476		315,476	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,309,285	41,308			
		b Less cost or other basis and sales expenses	1,250,247	42,303			
		c Gain or (loss)	59,038	-995			
	d Net gain or (loss)			58,043		58,043	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	90,111				
		b Less direct expenses	1,044,344				
c Net income or (loss) from fundraising events				-954,233		-954,233	
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	0					
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	15,394					
	b Less cost of goods sold	14,696					
	c Net income or (loss) from sales of inventory			698		698	
Miscellaneous Revenue	Business Code						
11a 3RD PARTY SHIPPING	480000	436,739			436,739		
b OTHER REVENUE	900099	8,146			8,146		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			444,885				
12 Total revenue. See Instructions			135,885,520		315,476	-432,983	

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	48,221,922	48,221,922		
2 Grants and other assistance to domestic individuals See Part IV, line 22	209,164	209,164		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	18,223,294	18,223,294		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	597,304		597,304	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	585,877	95,004	272,470	218,403
7 Other salaries and wages	7,278,473	2,933,112	957,091	3,388,270
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,054	29,875	7,807	28,372
9 Other employee benefits	1,376,716	592,248	173,516	610,952
10 Payroll taxes	560,548	237,127	109,492	213,929
11 Fees for services (non-employees)				
a Management	0			
b Legal	37,920	634	20,211	17,075
c Accounting	87,305	16,086	65,414	5,805
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	240,500			240,500
f Investment management fees	2,915			2,915
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,560,395	2,092,308	39,880	428,207
12 Advertising and promotion	286,076	165,784		120,292
13 Office expenses	1,548,544	963,755	108,781	476,008
14 Information technology	264,789	61,307	36,222	167,260
15 Royalties	0			
16 Occupancy	441,755	231,630	206,834	3,291
17 Travel	3,292,910	2,126,236	122,692	1,043,982
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	100,672	31,981	15,467	53,224
20 Interest	59,523	33	59,490	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	935,696	642,216	103,080	190,400
23 Insurance	234,736	18,165	213,737	2,834
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 & SUPPILES	58,680,495	58,680,495		
b EVENT EXPENSES	704,275			704,275
c LICENSES & TAXES	287,413	39,793	83,148	164,472
d DUES & SUBSCRIPTIONS	67,883	10,714	41,568	15,601
e All other expenses	117,560	44,355	30,118	43,087
25 Total functional expenses. Add lines 1 through 24e	147,070,714	135,667,238	3,264,322	8,139,154
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	102,461	1	192,374
	2 Savings and temporary cash investments	4,900,942	2	9,164,773
	3 Pledges and grants receivable, net	73,704	3	2,924
	4 Accounts receivable, net	127,124	4	257,165
	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	6,500	7	1,500
	8 Inventories for sale or use	30,530,538	8	16,026,149
	9 Prepaid expenses and deferred charges	105,590	9	213,724
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	19,059,702		
	b Less accumulated depreciation	9,231,007		
		10,296,829	10c	9,828,695
	11 Investments—publicly traded securities	329,953	11	59,915
	12 Investments—other securities See Part IV, line 11	27,743	12	74,605
	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	328,736	15	365,292	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,830,120	16	36,187,116	
Liabilities	17 Accounts payable and accrued expenses	1,059,837	17	1,777,442
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	23,092	21	20,957
	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	4,448,874	23	4,067,738
	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	83,777	25	592,525
	26 Total liabilities. Add lines 17 through 25	5,615,580	26	6,458,662
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	15,616,040	27	14,891,741
	28 Temporarily restricted net assets	25,598,500	28	14,836,713
	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	41,214,540	33	29,728,454	
34 Total liabilities and net assets/fund balances	46,830,120	34	36,187,116	

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	135,885,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,070,714
3	Revenue less expenses Subtract line 2 from line 1	3	-11,185,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,214,540
5	Net unrealized gains (losses) on investments	5	-300,892
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	29,728,454

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
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Form 990 (2016)

Form 990, Part III, Line 4a:

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 140 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED)

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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 2016, CONVOY OF HOPE RESPONDED GLOBALLY TO 26 DISASTERS THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 263 LOADS OF DISASTER RELIEF SUPPLIES, INCLUDING 4,275,000 MEALS, TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 12 STATES AND 7 COUNTRIES, WITH OVER 197 ORGANIZATIONS (UNAUDITED)

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	1 0 0 0	X		X				0	0	0
COURT DURKALSKI VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
BRAD TRASK SECRETARY	1 0 0 0	X		X				0	0	0
MICHAEL KERN TREASURER	1 0 0 0	X		X				0	0	0
AARON COLE DIRECTOR	1 0 0 0	X						0	0	0
DAVID CRIBBS DIRECTOR	1 0 0 0	X						100	0	0
NICK GARZA DIRECTOR	1 0 0 0	X						0	0	0
CHERYL JAMISON DIRECTOR	1 0 0 0	X						0	0	0
KAY LOGSDON DIRECTOR	1 0 0 0	X						0	0	0
DISHAN WICKRAMARATNE DIRECTOR	1 0 0 0	X						0	0	0

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			
KIRK YAMAGUCHI DIRECTOR	1 0 0 0	X						0	0	0
HUGH OSSIE MILLS DIRECTOR	1 0 0 0	X						0	0	0
DOMINICK GARCIA DIRECTOR	1 0 0 0	X						0	0	0
TOM CARTER DIRECTOR	1 0 0 0	X						0	0	0
BARRY COREY PHD DIRECTOR	1 0 0 0	X						0	0	0
RANDY HURST DIRECTOR	1 0 0 0	X						0	0	0
KLAYTON KO DIRECTOR	1 0 0 0	X						0	0	0
HAL DONALDSON PRESIDENT	40 0 2 0			X				194,050	0	19,513
MARK METZGER CFO ENDING 8/2016	40 0 1 0			X				126,455	0	18,779
KREGG HOOD SR VP & CBO BEGINNING 9/2016	40 0 1 0			X				32,628	0	6,526

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			
KEITH BOUCHER SENIOR VP & COO	40 0 1 0				X			180,032	0	19,221
RICK WAGGONER VP - DEVELOPMENT	40 0 1 0					X		148,937	0	19,054
DANIEL CLARK JR VP - PHILANTHROPY	40 0 0 0					X		135,454	0	18,846
DANIEL RICE PHILANTHROPY ARCHITECT	40 0 0 0					X		131,832	0	14,499
KARY KINGSLAND SENIOR VP - GLOBAL INITIATIVES	40 0 0 0					X		121,517	0	18,046
KIRK NOONAN VP - CREATIVE COMMUNICATIONS	40 0 0 0					X		117,837	0	18,506
MIKE MCCLAFLIN FORMER CHAIRMAN	40 0 0 0						X	42,605	0	13,641
CHRIS SONKSEN FORMER DIRECTOR	40 0 0 0						X	92,429	0	858

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

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 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	85,736,314	111,110,668	110,928,740	126,827,379	136,003,027	570,606,128
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	85,736,314	111,110,668	110,928,740	126,827,379	136,003,027	570,606,128
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)						53,120,649
6 Public support. Subtract line 5 from line 4						517,485,479

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	85,736,314	111,110,668	110,928,740	126,827,379	136,003,027	570,606,128
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,511	64,049	53,237	28,971	17,624	288,392
9 Net income from unrelated business activities, whether or not the business is regularly carried on	261,278	192,534	205,328	310,735	315,476	1,285,351
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	266,362	331,579	284,409	375,678	445,583	1,703,611
11 Total support. Add lines 7 through 10						573,883,482

12 Gross receipts from related activities, etc (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	90.173 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	91.640 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. 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

b 10%-facts-and-circumstances test—2015. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) 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 .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

	(a)		(b)
	Yes	No	Amount
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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		362
j Total Add lines 1c through 1i			362
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	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	1	
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	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 11	OTHER LOBBYING ACTIVITIES DURING 2016, CONVOY OF HOPE PAID DUES TO THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION (INTERACTION), THE EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY, AND THE NATIONAL ASSOCIATION OF EVANGELICALS A PORTION OF THESE DUES MAY BE USED FOR LOBBYING PURPOSES ALSO, DURING 2016, CONVOY OF HOPE PAID \$6,037 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
2016
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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? Yes No

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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	124,578	127,297	67,492		
b Contributions			126,984	67,492	
c Net investment earnings, gains, and losses	10,211	-1,917	313		
d Grants or scholarships					
e Other expenditures for facilities and programs			67,492		
f Administrative expenses	942	802			
g End of year balance	133,847	124,578	127,297	67,492	

- 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
- | | | |
|--|-------------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b Yes | |
- 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,802,699		1,802,699
b Buildings		9,751,235	3,484,406	6,266,829
c Leasehold improvements				
d Equipment		7,505,768	5,746,601	1,759,167
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,828,695

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO COH FOUNDATION	592,525
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	592,525

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	139,399,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-300,892
b	Donated services and use of facilities	2b	867,159
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,817,329
e	Add lines 2a through 2d	2e	2,383,596
3	Subtract line 2e from line 1	3	137,016,362
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	-1,130,842
c	Add lines 4a and 4b	4c	-1,130,842
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	135,885,520

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	149,420,769
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	867,159
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,545,611
e	Add lines 2a through 2d	2e	2,412,770
3	Subtract line 2e from line 1	3	147,007,999
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	62,715
c	Add lines 4a and 4b	4c	62,715
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	147,070,714

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Supplemental 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 \$455,733 OF FUNDS ON BEHALF OF OTHERS DURING 2016 \$482,735 WAS PAID OUT PRIOR TO YEAR END AND A \$20,957 LIABILITY REMAINED ON THE BALANCE SHEET AT 12/31/16

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS ENDOWMENT FUNDS ARE INTENDED TO FUND CONVOY OF HOPE FAR I INTO THE FUTURE FUNDS ARE INVESTED FOR GROWTH WITH THE INTENT OF PROVIDING SUPPORT TO CONV OY OF HOPE THROUGH AN ANNUAL ENDOWMENT PAYOUT

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 \$ 1,817,329 CONVOY OF HOPE FOUNDATION REVENUE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 \$(1,044,344) SPECIAL EVENT EXPENSES (212,531) RENTAL EXPENSES (14,696) MERCHANDISE COST OF GOODS SOLD 140,729 CONTRIBUTION FROM CONVOY OF HOPE FOUNDATION ----- \$(1,130,842)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 \$ 1,044,344 SPECIAL EVEN T EXPENSES 274,040 CONVOY OF HOPE FOUNDATION EXPENSES 212,531 RENTAL EXPENSES 14,696 MERCH ANDISE COST OF GOODS SOLD ----- \$ 1,545,611

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 \$ 62,715 GRANTS PAID TO CONVOY OF HOPE FOUNDATION

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	4	41			71,483,407
b Total from continuation sheets to Part I	3	31			3,600,310
c Totals (add lines 3a and 3b)	7	72			75,083,717

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

Part V Supplemental Information

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

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

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, AGRICULTURE, WOMEN'S EMPOWERMENT (4) DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT (7) OUTREACH, REFUGEE RESPONSE, DEVELOPMENT (10) DISASTER RESPONSE, REFUGEE RESPONSE (13) OUTREACH, REFUGEE RESPONSE, DEVELOPMENT (17) DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RESPONSE (19) DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT

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	29	Program Services	SEE SCH F NARRATIVE	48,427,279
Central America and the Caribbean			Grantmaking		15,580,866
Central America and the Caribbean			Fundraising		208,726

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	12	Program Services	SEE SCH F NARRATIVE	6,086,384
East Asia and the Pacific			Grantmaking		212,646
East Asia and the Pacific			Fundraising		39,275

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	SEE SCH F NARRATIVE	31,737
Europe (Including Iceland and Greenland)			Grantmaking		384,000
Europe (Including Iceland and Greenland)			Fundraising		42

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	SEE SCH F NARRATIVE	57,044
Middle East and North Africa			Grantmaking		113,100
North America			Fundraising		13

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			Program Services	SEE SCH F NARRATIVE	92
Russia and the Newly Independent States			Grantmaking		237,510
South America			Program Services	DISASTER RESPONSE	26,406

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 America			Grantmaking		12,500
South Asia			Program Services	SEE SCH F NARRATIVE	65,787
South Asia			Grantmaking		219,804

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	3	31	Program Services	SEE SCH F NARRATIVE	1,839,988
SUB-SAHARAN AFRICA			Grantmaking		1,462,868
SUB-SAHARAN AFRICA			Fundraising		77,650

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	55,300	WIRE TRANSFE			
		Central America and the Caribbean	MINISTRY PTN	38,100	ELECTR FUNDS			

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	10,000	ELECTR FUNDS			
		Central America and the Caribbean	MINISTRY PTN	997,696	CASH			

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)
		Europe (Including Iceland and Greenland)	MINISTRY PTN	365,000	WIRE TRANSFE			
		Europe (Including Iceland and Greenland)	MINISTRY PTN	19,000	CASH			

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)
		South America	MINISTRY PTN	12,500	CASH			
		Sub-Saharan Africa	MINISTRY PTN	65,500	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	113,100	CASH			
		South Asia	MINISTRY PTN	79,312	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)
		South Asia	MINISTRY PTN	69,792	WIRE TRANSFE			
		South Asia	MINISTRY PTN	58,200	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)
		South Asia	MINISTRY PTN	12,500	CASH			
		Central America and the Caribbean	MINISTRY PTN			158,400	FOOD & SUPPLIES	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)
		Sub-Saharan Africa	MINISTRY PTN			7,488	FOOD & SUPPLIES	FMV
		Sub-Saharan Africa	MINISTRY PTN			356,400	FOOD & SUPPLIES	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			447,219	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			29,300	FOOD & SUPPLIES	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			3,404,358	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			4,960,606	FOOD & SUPPLIES	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			3,748,666	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			46,048	FOOD & SUPPLIES	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			118,800	FOOD & SUPPLIES	FMV
		Sub-Saharan Africa	MINISTRY PTN			237,600	FOOD & SUPPLIES	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			16,590	FOOD & SUPPLIES	FMV
		Sub-Saharan Africa	MINISTRY PTN			110,160	FOOD & SUPPLIES	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			207,646	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			149,614	FOOD & SUPPLIES	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			237,510	FOOD & SUPPLIES	FMV
		Sub-Saharan Africa	MINISTRY PTN			113,220	FOOD & SUPPLIES	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)
		Sub-Saharan Africa	MINISTRY PTIN			226,800	FOOD & SUPPLIES	FMV
		Sub-Saharan Africa	MINISTRY PTIN			118,800	FOOD & SUPPLIES	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)
		Sub-Saharan Africa	MINISTRY PTN			113,400	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			118,800	FOOD & SUPPLIES	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			112,590	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			1,100,881	FOOD & SUPPLIES	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)
		Sub-Saharan Africa	MINISTRY PTN			113,400	FOOD & SUPPLIES	FMV
		Central America and the Caribbean	MINISTRY PTN			67,898	FOOD & SUPPLIES	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.
- | | |
|---|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 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 SHELIN	FUNDRAISING CONSULTANT		No	495,858	69,735	426,123
2 WESTFALL GOLD INC	FUNDRAISING CONSULTANT		No		68,063	-68,063
3 WESTFALL GROUP INC	FUNDRAISING CONSULTANT		No	139,375	78,710	60,665
4 ALBERT B YORK ASSOCIATES	GRANT APPL SERVICES		No	148,397	12,000	136,397
5 THE RE-THINK GROUP	PSYCHOLOGY CONSULTANT		No		5,000	-5,000
6						
7						
8						
9						
10						
Total				783,630	233,508	550,122

- 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, 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		VISION SUMMIT (event type)	HOPE CRUISE (event type)	0 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	55,100	35,011		90,111
2	Less Contributions				
3	Gross income (line 1 minus line 2)	55,100	35,011		90,111
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		16,831		16,831
	6 Rent/facility costs	313,440	492,454		805,894
	7 Food and beverages	356	47		403
	8 Entertainment	58,522	10,708		69,230
	9 Other direct expenses	77,334	74,652		151,986
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-954,233

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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)
 Department of the Treasury
 Internal Revenue Service
 Name of the organization
 CONVOY OF HOPE

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
 Open to Public Inspection
 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 111

3 Enter total number of other organizations listed in the line 1 table 111

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	17		209,164	FMV	SEE PART IV
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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 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, STORM SHELTERS AND FENCES

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)		88,940	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
AFRICA'S HOPE 580 W CENTRAL ST SPRINGFIELD, MO 65802	44-0577787	501(C)(3)		12,101	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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AMBASSADORS FOR CHRIST 3012 MOCKINGBIRD DRIVE ST CHARLES, MO 63301	91-0193796	501(C)(3)		53,460	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ASH GROVE ASSEMBLY OF GOD 411 N CRESTVIEW AVE ASH GROVE, MO 65604	43-1271451	501(C)(3)		21,727	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
ASSEMBLIES OF GOD FAMILY SERVICES 2325 MALVERN AVE HOT SPRINGS, AR 71901	20-5112679	501(C)(3)		12,558	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BARNABAS FOUNDATION INC PO BOX 3200 SPRINGFIELD, MO 65808	43-1700240	501(C)(3)		8,793	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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BEFORE THE TRANSITION 29991 CANYON HILLS RD STE 170 LAKE ELSINORE, CA 92532	27-1145135	501(C)(3)		16,500	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BETHESDA MISSION 5 PLEASANT VIEW DR MECHANICSBURG, PA 17055	23-1389397	501(C)(3)		861,108	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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BREAD OF LIFE MINISTRY INC 13188 SPURGEON RD LYNNVILLE, IN 47619	11-2697211	501(C)(3)		583,892	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BRIDGE OF FAITH PO BOX 9108 WHITTIER, CA 90608	95-4625811	501(C)(3)		5,619	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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BROWNSVILLE TEEN CENTER 1434 E SAN MARCELO BROWNSVILLE, TN 78526	31-1662809	501(C)(3)		14,533	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CADCOM 113 E MAIN STREET NORRISTOWN, PA 19401	23-1689892	501(C)(3)		14,437	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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CARE OF POOR PEOPLE 910 PENNSYLVANIA KANSAS CITY, MO 64105	43-1726439	501(C)(3)		10,822	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY 16 FLOOR NEW YORK, NY 10004	13-3843322	501(C)(3)		58,554	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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CHILDREN'S HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	95-4335462	501(C)(3)		764,761	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CHRYSALIS SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE 2055 WEST NORTHERN AVE PHOENIX, AZ 85021	86-0447620	501(C)(3)		59,442	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 FORTH WORTH, TX 76111	75-1813170	501(C)(3)		16,373	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CONSCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CA 20715	27-0035894	501(C)(3)		62,412	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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CORNERSTONE CHURCH 16010 ANNAPOLIS ROAD BOWIE, MD 20715	52-1129473	501(C)(3)		51,499	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CROSS INTERNATIONAL 600 SW THIRD ST STE 2201 POMPANA BEACH, FL 33060	65-1086387	501(C)(3)		8,712,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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CROSSLINES 1710 E CHESTNUT EXWY SPRINGFIELD, MO 65802	43-0903657	501(C)(3)		506,161	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CROSSROADS ALLIANCE AND MINISTRIES 4800 NW 5TH STREET OCALA, FL 34482	84-1651362	501(C)(3)		3,114,862	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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DELANCY STREET FOUNDATION PIER 70 550 20TH ST SAN FRANCISCO, CA 94107	23-7102690	501(C)(3)		208,757	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DISASTER RELIEF AT WORK INC 5255 HUDSON WATERFORD, MI 48329	45-4900831	501(C)(3)		6,976	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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EAGLES NEST MINISTRIES 220 UNION ST BUTLER, IL 62015	37-1336167	501(C)(3)		268,416	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ENCORE PRODUCTIONS 34 13TH AVE NE MINNEAPOLIS, MN 55413	20-5425332	501(C)(3)		8,836	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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ESSENCE OF HOPE 1320 WHITE ST SW ATLANTA, GA 30310	14-1989286	501(C)(3)		188,527	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
EVANGEL UNIVERSITY 1111 N GLENTSTONE AVE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)		54,008	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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FAMILY LEGACY MISSIONS INTERNATIONAL 5005 W ROYAL LN STE 252 IRVING, TX 75063	75-2897392	501(C)(3)		633,600	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FAMILY RESOURCE CENTER 2735 VIA ORANGE WAY SPRING VALLEY, CA 95269	26-3736086	501(C)(3)		41,953	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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FARM SHARE 14125 SW 320 ST HOMESTEAD, FL 33033	65-0342182	501(C)(3)		98,519	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FIRST ASSEMBLY OF GOD 919 HIGHWAY Z ST ROBERT, MO 65584	43-1112313	501(C)(3)		116,924	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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FIRST UNITED METHODIST CHURCH OF MT VERNON 621 WEST SLOAN MOUNT VERNON, MO 65712	39-1315403	501(C)(3)		12,960	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)(3)		372,980	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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GLOBAL HEART INTERNATIONAL 406 E COMMERCE ST FAIRFIELD, TX 75804	04-3683554	501(C)(3)		35,662	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GOODNESS OUTREACH DEPOT 102 BAYNE RD HASLET, TX 76052	68-0152138	501(C)(3)		404,024	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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GUTS CHURCH 9120 BROKEN ARROW EXPY TULSA, OK 74145	73-1361025	501(C)(3)		29,612	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HANDS OF HOPE ILLINOIS 511 OAKLEAF COURT UNIT C JOILLET, IL 60434	26-0643414	501(C)(3)		1,653,452	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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HEART OF COMPASSION 600 S MAPLE MONTEBELLO, CA 90640	42-1573926	501(C)(3)		396,810	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HEH INC 631 1/2 DEPOT ST BLISSFIELD, MI 49228	20-2676354	501(C)(3)		1,884,184	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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HOMELESS PRENATAL 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)		38,610	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HOPE FOR HAITI 1021 5TH AVE N NAPLES, FL 34102	59-3564329	501(C)(3)		963,270	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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I POUR LIFE PO BOX 5181 SPRINGFIELD, MO 65801	27-3482070	501(C)(3)		6,594	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
INNER CITY OUTREACH PO BOX 1486 SPRINGFIELD, MO 65801	43-0972180	501(C)(3)		40,573	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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JAMES RIVER ASSEMBLY 6100 N 19TH ST OZARK, MO 65721	43-1564676	501(C)(3)		74,121	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
KAMILEON'S KLOSET 2451 CUMBERLAND PKWY STE 3738 ATLANTA, GA 30339	56-5115573	501(C)(3)		7,853	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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KIDS ACROSS AMERICA 1429 LAKESHORE DR BRANSON, MO 65616	43-1348373	501(C)(3)		143,996	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
LOS ANGELES DREAM CENTER 2301 BELLVIEW AVE LOS ANGELES, CA 90026	95-1803686	501(C)(3)		138,895	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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LOS ANGELES TRADE TECH COLLEGE 400 WEST WASHINGTON BLVD LOS ANGELES, CA 90015	95-3813527	501(C)(3)		23,975	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MEDICORPS INTERNATIONAL 93 S JACKSON ST 6120 SEATTLE, WA 96816	99-0231009	501(C)(3)		453,600	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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MIDWEST FOOD BANK NFP 1703 S VETERANS PKWY BLOOMINGTON, IL 61701	41-2120170	501(C)(3)		2,937,889	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DR NEOSHO, MO 64850	44-0577787	501(C)(3)		209,519	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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MT VIEW CHRISTIAN CENTER 317 MOUNTAIN VIEW LAND BURLEY, ID 83318	43-1550318	501(C)(3)		29,631	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)		8,380	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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NEW BEGINNINGS FAMILY CENTER 655 NORTH 10TH ST DECATUR, IN 46733	20-0337311	501(C)(3)		57,349	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NEW COVENANT COMMUNITY DEVELOPMENT CORP 5613 COURT H BIRMINGHAM, AL 14215	36-4521611	501(C)(3)		33,772	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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NEW LIFE ASSEMBLY OF GOD 2416 N WRIGHT RD JANESVILLE, WI 53546	39-1258325	501(C)(3)		45,654	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NEWPORT ASSEMBLY OF GOD 36 N FRONT ST NEWPORT, PA 17074	23-1988339	501(C)(3)		2,525,223	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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NINEVEH OUTREACH 1601 COFFEE RD MODESTO, CA 95355	94-1294940	501(C)(3)		118,043	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NPOWER INC 3 METROTECH CENTER MEZZANINE BROOKLYN, NY 11201	13-4145441	501(C)(3)		15,510	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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OAK GROVE ASSEMBLY OF GOD 1320 S OAK GROVE AVE SPRINGFIELD, MO 65804	43-1215614	501(C)(3)		6,711	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ON YOUR FEET 2733 VIA ORANGE WAY STE 101 SPRING VALLEY, CA 91978	35-2329448	501(C)(3)		81,769	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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OPERATION BLESSING 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)		1,218,054	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OPERATION CARE INTERNATIONAL PO BOX 224136 DALLAS, TX 75222	75-2959602	501(C)(3)		8,222	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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(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
OPPORTUNITIES FOR A BETTER TOMORROW 783 FOURTH AVE BROOKLYN, NY 11232	11-2934620	501(C)(3)		10,801	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OUTREACH UNLIMITED 100 I-45 N STE 210 CONROE, TX 77301	37-0984385	501(C)(3)		1,225,616	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
OZARK CENTER FOR HOPE 312 WEST NORTH ST MOUNTAIN HOME, AR 72654	27-1054856	501(C)(3)		47,439	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
PROJECT MERCY 7011 ARDMORE AVE FORT WAYNE, IN 46809	35-1410753	501(C)(3)		151,814	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
REACH OUT AMERICA 2910 STONEPOINTE MCKINNEY, TX 77070	76-0628517	501(C)(3)		30,919	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
RED CROSS OF SPRINGFIELD 1545 N WEST BYPASS SPRINGFIELD, MO 65803	53-0196605	501(C)(3)		15,025	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
ROCK CHURCH 640 KEMPSVILLE RD VIRGINIA BEACH, VA 23464	54-0884563	501(C)(3)		71,558	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ROYAL RANGERS AG 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802	43-1358465	501(C)(3)		10,195	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)		8,128,870	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SERVE THE PEOPLE 1206 E 17TH ST 205 SANTA ANA, CA 92701	27-0421556	501(C)(3)		638,434	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
SEYMOUR CHURCH OF THE NAZARENE PO BOX 477 SEYMOUR, MO 65746	43-1461234	501(C)(3)		10,962	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SOULFIRE MINISTRIES 117 WEST MAIN ASH GROVE, MO 65604	45-2572428	501(C)(3)		19,083	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
SOUTHERN CRESCENT RESOURCE MINISTRY 112 PARK W DR MCDONOUGH, GA 30252	58-2097740	501(C)(3)		390,811	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SPRINGFIELD VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1592707	501(C)(3)		153,635	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
TABERNACLE OF GOD MINISTRIES PO BOX 24 CHESTER, SC 29706	57-0843774	501(C)(3)		651,210	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE BABY BUGGY INC 306 W 37TH ST 8TH FLOOR NEW YORK, NY 10018	31-1777082	501(C)(3)		17,550	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)		52,092	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE JAMES NETWORK 1312 E 310TH RD FLEMINGTON, MO 65650	32-0437714	501(C)(3)		21,923	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)		6,014	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE MESSIAH PROJECT 931 S KICKAPOO SPRINGFIELD, MO 65804	43-1601553	501(C)(3)		232,200	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
TRANSITION PROJECTS INC 665 NW HOYT ST PORTLAND, OR 97209	93-0591582	501(C)(3)		12,663	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
TRINITY CHURCH 17801 NW 2ND AVE MIAMI, FL 33169	59-1201093	501(C)(3)		43,648	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
URBAN CORPS OF SAN DIEGO COUNTY 3127 JEFFERSON STREET SAN DIEGO, CA 92110	33-0352148	501(C)(3)		22,170	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
URBAN LEAGUE OF GREATER COLUMBUS 802 1ST AVE COLUMBUS, GA 31901	58-1123741	501(C)(3)		12,675	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)		293,655	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
WAY OF THE CROSS 224 N F STREET HARLINGEN, TX 78550	74-2585510	501(C)(3)		3,913,088	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)		670,858	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
WORK SKILLS CORPORATION 100 SUMMIT ST BRIGHTON, MI 48116	38-2025701	501(C)(3)		11,988	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
YEARUP 45 MILK STREET BOSTON, MA 02109	04-3534407	501(C)(3)		29,453	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CALVARY TEMPLE CHURCH 4725 EVORA ROAD CONCORD, CA 94520	94-1598217	501(C)(3)	19,748				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
COMMUNITY PARTNERSHIP OF THE OZARKS 330 N JEFFERSON AVE SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	15,000				MINISTRY FULFILLMENT
CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVE SPRINGFIELD, MO 65802	46-2845781	501(C)(3)	62,715				SUPPORT

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
EASTERN STAR MISSIONARY BAPTIST CHURCH 5750 E 30TH ST INDIANAPOLIS, IN 46218	35-1594098	501(C)(3)	24,382				MINISTRY FULFILLMENT
ELEVATE LIVES 2201 N JEFFERSON AVE SPRINGFIELD, MO 65803	81-4490605	501(C)(3)	55,775				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
EMERGE COUNSELING 900 MULL AVE AKRON, OH 44313	34-1213335	501(C)(3)	20,000				MINISTRY FULFILLMENT
FIRST ASSEMBLY OF GOD 3400 MOANALUA ROAD HONOLULU, HI 96819	99-0079322	501(C)(3)	24,000				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
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	25,000				MINISTRY FULFILLMENT
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD AND SUBS 1445 N BOONVILLE SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	202,004				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
GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205	20-4119317	501(C)(3)	15,000				MINISTRY FULFILLMENT
INTERNATIONAL CHRISTIAN CONCERN PO BOX 8056 SILVER SPRINGS, MD 20907	52-1942990	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
NATIONAL HISPANIC CHRISTIAN LEADERSHIP CONFERENCE 6051 S WATT AVE SACRAMENTO, CA 95829	76-0745631	501(C)(3)	25,000				MINISTRY FULFILLMENT
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE STE 500 ALPHARETTA, GA 30009	58-1493949	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
ORAL ROBERTS UNIVERSITY 777 S LEWIS AVE TULSA, OK 74171	73-0739626	501(C)(3)	20,000				MINISTRY FULFILLMENT
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	25,000				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
TEEN CHALLENGE 900 N LEAGUE ROAD COLFAX, IA 50054	47-0601957	501(C)(3)	20,000				MINISTRY FULFILLMENT
THE CHAMPION CENTER 3900 E BONANZA RD LAS VEGAS, NV 89110	88-0183880	501(C)(3)	25,909				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 VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	15,000				MINISTRY FULFILLMENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

2015
Open to Public Inspection

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

Name of the organization CONVOY OF HOPE	Employer identification number 68-0051386
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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 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 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 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)									
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.	1b	Yes								
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?	2	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 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 type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
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:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
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:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
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.	7	Yes								
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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

For each individual whose compensation must be reported 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HAL DONALDSON PRESIDENT	(i)	193,850	200	0	1,667	17,846	213,563	0
	(ii)	0	0	0	0	0	0	0
2 MIKE MCCLAFLIN FORMER CHAIRMAN	(i)	42,405	200	0	361	13,280	56,246	0
	(ii)	0	0	0	0	0	0	0
3 CHRIS SONKSEN FORMER DIRECTOR	(i)	92,229	200	0	792	66	93,287	0
	(ii)	0	0	0	0	0	0	0
4 RICK WAGGONER VP - DEVELOPMENT	(i)	138,737	10,200	0	1,208	17,846	167,991	0
	(ii)	0	0	0	0	0	0	0
5 DANIEL CLARK JR VP - PHILANTHROPY	(i)	125,254	10,200	0	1,000	17,846	154,300	0
	(ii)	0	0	0	0	0	0	0
6 KEITH BOUCHER SENIOR VP & COO	(i)	158,032	22,000	0	1,375	17,846	199,253	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 4A	SEVERANCE PAYMENT MARK METZGER, CFO, LEFT THE ORGANIZATION AT THE END OF AUGUST 2016 AND RECEIVED \$33,320 IN SEVERANCE PAYMENTS DURING 2016
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.

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

2016

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

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
See Additional Data Table					

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) DAVID DONALDSON IS THE BROTHER OF PRESIDENT HAL DONALDSON (2) MATTHEW METZGER IS THE BROTHER OF CFO MARK METZGER, ENDING AUGUST 2016 (3) ANDREA METZGER IS THE WIFE OF CFO MARK METZGER, ENDING AUGUST 2016 (4) DOREE DONALDSON IS THE WIFE OF CEO HAL DONALDSON (5) ELLIOT BOUCHER IS THE SON OF KEY EMPLOYEE KEITH BOUCHER (6) LINDSAY DONALDSON IS THE DAUGHTER OF PRESIDENT HAL DONALDSON (7) HAROLD SALLEE IS THE FATHER-IN-LAW OF BOARD SECRETARY BRAD TRASK

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) DAVID DONALDSON	SEE PART V	173,386	EMPLOYEE COMP AND BENEFITS		No
(2) MATTHEW METZGER	SEE PART V	86,282	EMPLOYEE COMP AND BENEFITS		No
(3) ANDREA METZGER	SEE PART V	46,287	EMPLOYEE COMP AND BENEFITS		No
(4) DOREE DONALDSON	SEE PART V	45,017	EMPLOYEE COMPENSATION		No
(5) ELLIOT BOUCHER	SEE PART V	18,659	EMPLOYEE COMP AND BENEFITS		No
(6) LINDSAY DONALDSON	SEE PART V	17,996	EMPLOYEE COMP AND BENEFITS		No
(7) HAROLD SALLEE	SEE PART V	48,717	EMPLOYEE COMP AND BENEFITS		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		26,162,536	FMV
6 Cars and other vehicles	X	2	82,185	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	809,830	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	11,911	52,191,753	FMV
20 Drugs and medical supplies	X	398	28,073,739	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (RELIEF SUPPLIES)	X	53	497,018	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	

Part II 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>PROGRAM SERVICES IN 2016, CONVOY OF HOPE DISTRIBUTED 32 MILLION MEALS TO MORE THAN 160,000 CHILDREN IN 11 COUNTRIES, EDUCATED OVER 53,908 CHILDREN AND PARENTS ON NUTRITION, HYGIENE, AND/OR SANITATION, CONDUCTED 25,095 INDIVIDUAL TRAINING SESSIONS COVERING HYGIENE, HAND WASHING, DENTAL CARE, DIET DIVERSITY, FOOD STORAGE, BREAST FEEDING, DISEASE CONTROL, BUDGETING, WOMENS HEALTH AND VALUES TRAINED 4,633 INDIVIDUALS IN AGRICULTURE, AND WORKED WITH OVER 2,362 WOMEN AND GIRLS IN HEALTH AND EMPOWERMENT TRAININGS, 651 OF WHICH PARTICIPATED IN INCOME GENERATING PROJECTS THE ORGANIZATION ASSISTED 11,515 STAKEHOLDERS WITH WATER SANITATION AND HYGIENE PROJECTS CONVOY OF HOPE HAD 7,157 VOLUNTEERS INTERNATIONALLY GIVING 1,145,460 VOLUNTEER HOURS TO ASSIST WITH PROJECTS AS A RESULT, ON AVERAGE ALL CHILDREN IN PROGRAM INCREASED IN BMI (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 2016, 50 FIELD TEAMS, COMPRISED OF MORE THAN 660 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) DOMESTIC COMMUNITY DEVELOPMENT - THE ORGANIZATION RESOURCES, TRAINS AND EMPOWERS CHURCHES THROUGHOUT THE UNITED STATES SO THEY CAN ENHANCE THEIR PRESENCE AND HELP STRENGTHEN THEIR COMMUNITIES THE GOAL IS TO MOBILIZE AND EMPOWER CHURCHES, LOCAL PARTNERS AND OTHER CIVIC LEADERS IN SERVING IMPOVERISHED SECTORS OF THEIR COMMUNITIES TO HELP ELEVATE THE FINANCIAL, SOCIAL AND PHYSICAL NEEDS OF THEIR NEIGHBORS IN 2016, CONVOY OF HOPE RESOURCED, EMPOWERED, AND PARTNERED WITH RURAL CHURCHES THROUGH TRAINING, MENTORING AND COACHING TO ENHANCE LOCAL PRESENCE AND HELP STRENGTHEN COMMUNITIES CONVOY OF HOPE CONDUCTED 92 PASTORAL TRAININGS, DISTRIBUTED OVER 76,000 PAIRS OF SHOES, AND SERVED 1,194 COMMUNITIES TO INCLUDE ALMOST 84,500 GUESTS OF HONOR (UNAUDITED)</p>

990 Schedule O, Supplemental Information

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 2016 , CONVOY OF HOPE CONDUCTED 22 COMMUNITY OUTREACHES ACROSS 19 U S CITIES IN DOING SO, CONVOY OF HOPE PROVIDED GROCERIES, HEALTH SCREENINGS AND MORE TO OVER 108,000 GUESTS, MOBILIZED OVER 3,100 CHURCHES/ORGANIZATIONS AND ENGAGED MORE THAN 28,000 VOLUNTEERS (UNAUDITED)

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 2016 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	BOARD MEMBER COMPENSATION BOARD MEMBER DAVID CRIBBS WAS PAID \$100 FOR HIS SERVICES AS AN HONORARIUM SPEAKER NO BOARD MEMBERS RECEIVED PAYMENT FOR THEIR SERVICES AS BOARD MEMBERS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

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	-549,804	1,362,747	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)	12 A 1	COH	Yes	
(2) COH CORPORATION INC 330 S PATTERSON AVE SPRINGFIELD, MO 65802 46-2840126	SUPPORT	DE	501(C)(3)	12 A 1	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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	62,715	COST
(2) CONVOY OF HOPE FOUNDATION	C	140,729	COST

Part VII **Supplemental Information**

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

Return Reference**Explanation**