

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- 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 \$ 176,251,574

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	14
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	184
<b>6</b> Total number of volunteers (estimate if necessary)	55,447
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	199,262
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	169,640

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	136,003,027	174,930,532
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	75,667	90,249
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-193,174	58,799
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,885,520	175,079,580

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	66,654,380	56,609,401
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,464,972	12,597,381
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	240,500	321,176
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,456,680		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	69,710,862	88,404,108
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	147,070,714	157,932,066
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-11,185,194	17,147,514

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	36,187,116	52,220,932
<b>21</b> Total liabilities (Part X, line 26)	6,458,662	4,582,027
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	29,728,454	47,638,905

**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: 2018-05-14  
HAL DONALDSON SENIOR VP AND CBO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Brian D Todd  
Preparer's signature: Brian D Todd  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00422601  
Firm's name: ▶ BKD LLP  
Firm's 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 \$ 55,470,917 including grants of \$ 1,328,639 ) (Revenue \$ )  
 See Additional Data

**4b** (Code ) (Expenses \$ 55,110,643 including grants of \$ 53,005,622 ) (Revenue \$ )  
 See Additional Data

**4c** (Code ) (Expenses \$ 27,795,624 including grants of \$ 1,902,880 ) (Revenue \$ )  
 See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 5,208,553 including grants of \$ 372,260 ) (Revenue \$ )

**4e Total program service expenses** ▶ 143,585,737

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-34, 35a-35b, 36-37, 38.

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, charitable contributions, and organizational details.

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 (17), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List states), 18 (Public inspection), 19 (Schedule O disclosure), 20 (Books and records).







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	276,791				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,158,293				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	173,495,448				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		117,274,229				
	<b>h Total.</b> Add lines 1a-1f . . . . .			174,930,532			
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .			0			
	<b>g Total.</b> Add lines 2a-2f . . . . .			0			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		91,476			91,476	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		506,152					
		<b>b</b> Less rental expenses . . . . .	208,088				
		<b>c</b> Rental income or (loss) . . . . .	298,064	0			
	<b>d</b> Net rental income or (loss) . . . . .			298,064	199,262	98,802	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		156,629					
		<b>b</b> Less cost or other basis and sales expenses . . . . .	133,459	24,397			
		<b>c</b> Gain or (loss) . . . . .	23,170	-24,397			
	<b>d</b> Net gain or (loss) . . . . .			-1,227		-1,227	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	32,561				
		<b>b</b> Less direct expenses . . . . .	778,577				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-746,016		-746,016	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0					
	<b>b</b> Less direct expenses . . . . .	0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	17,217					
	<b>b</b> Less cost of goods sold . . . . .	27,473					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			-10,256		-10,256	
Miscellaneous Revenue	Business Code						
<b>11a</b> 3RD PARTY SHIPPING . . . . .	480000		490,525		490,525		
<b>b</b> OTHER REVENUE . . . . .	900099		26,482		26,482		
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			517,007				
<b>12 Total revenue.</b> See Instructions . . . . .			175,079,580	199,262	-50,214		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	41,448,598	41,448,598		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	254,059	254,059		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	14,906,744	14,906,744		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,336,565		745,627	590,938
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	540,201	52,200	399,778	88,223
<b>7</b> Other salaries and wages.	8,250,480	3,739,397	1,294,693	3,216,390
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	299,528	116,746	47,535	135,247
<b>9</b> Other employee benefits.	1,597,236	796,687	255,642	544,907
<b>10</b> Payroll taxes.	573,371	185,074	151,427	236,870
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	43,292	2,848	32,118	8,326
<b>c</b> Accounting.	111,587	22,105	89,482	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	321,176			321,176
<b>f</b> Investment management fees.	11,151			11,151
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,468,186	5,020,700	81,324	366,162
<b>12</b> Advertising and promotion.	577,818	213,206		364,612
<b>13</b> Office expenses.	2,502,841	1,870,813	197,046	434,982
<b>14</b> Information technology.	321,768	20,120	240,952	60,696
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	575,111	315,822	259,289	
<b>17</b> Travel.	4,081,384	2,940,608	328,038	812,738
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	231,780	87,740	12,062	131,978
<b>20</b> Interest.	37,009		37,009	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	946,668	654,183	108,581	183,904
<b>23</b> Insurance.	286,200	32,094	244,389	9,717
<b>24</b> 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.)				
<b>a</b> RELIEF AND SUPPLIES	70,763,615	70,763,615		
<b>b</b> EVENT EXPENSES	1,556,940			1,556,940
<b>c</b> LICENSES & TAXES	590,624	52,964	264,023	273,637
<b>d</b> DUES & SUBSCRIPTIONS	69,282	10,177	25,203	33,902
<b>e</b> All other expenses	228,852	79,237	75,431	74,184
<b>25</b> Total functional expenses. Add lines 1 through 24e.	157,932,066	143,585,737	4,889,649	9,456,680
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	192,374	<b>1</b>	3,083,032
	<b>2</b> Savings and temporary cash investments . . . . .	9,164,773	<b>2</b>	22,438,741
	<b>3</b> Pledges and grants receivable, net . . . . .	2,924	<b>3</b>	137,304
	<b>4</b> Accounts receivable, net . . . . .	257,165	<b>4</b>	222,194
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,500	<b>7</b>	1,500
	<b>8</b> Inventories for sale or use . . . . .	16,026,149	<b>8</b>	13,088,197
	<b>9</b> Prepaid expenses and deferred charges . . . . .	213,724	<b>9</b>	913,133
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	20,557,433		
	<b>b</b> Less accumulated depreciation	8,928,195		
		9,828,695	<b>10c</b>	11,629,238
	<b>11</b> Investments—publicly traded securities . . . . .	59,915	<b>11</b>	111,358
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	74,605	<b>12</b>	33,446
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets See Part IV, line 11 . . . . .	365,292	<b>15</b>	562,789	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	36,187,116	<b>16</b>	52,220,932	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,777,442	<b>17</b>	2,819,428
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	544,105
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	20,957	<b>21</b>	91,619
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,067,738	<b>23</b>	1,115,118
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	592,525	<b>25</b>	11,757
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,458,662	<b>26</b>	4,582,027
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	14,891,741	<b>27</b>	28,553,119
	<b>28</b> Temporarily restricted net assets . . . . .	14,836,713	<b>28</b>	19,085,786
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	29,728,454	<b>33</b>	47,638,905	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	36,187,116	<b>34</b>	52,220,932	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	175,079,580
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	157,932,066
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	17,147,514
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	29,728,454
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	471,412
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	291,525
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	47,638,905

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0051386

**Name:** CONVOY OF HOPE

Form 990 (2017)

---

**Form 990, Part III, Line 4a:**

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 4b:**

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 158 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED)

---

**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 AND RESPONSE EQUIPMENT, 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 2017, CONVOY OF HOPE RESPONDED GLOBALLY TO 32 DISASTERS THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 500 LOADS OF DISASTER RELIEF SUPPLIES, INCLUDING 9,900,000 MEALS, TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 15 STATES AND 15 COUNTRIES (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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
BRAD ROSENBERG ..... CHAIRMAN	1 0 ..... 0 0	X		X				18,000	0	0
DISHAN WICKRAMARATNE ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
DOMINICK GARCIA ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
NICK GARZA ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
RANDY HURST ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
AARON COLE ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
CHERYL JAMISON ..... DIRECTOR	1 0 ..... 0 0	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
TOM CARTER ..... 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			
KLAYTON KO ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
KIRK YAMAGUCHI ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
HUGH OSSIE MILLS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
BARRY COREY PHD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
DAVID CRIBBS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
KAY LOGSDON ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
SCOTT HOWARD ..... TREASURER BEGINNING 4/2017	1 0 ..... 0 0	X		X				0	0	0
HAL DONALDSON ..... PRESIDENT	40 0 ..... 2 0			X				279,701	0	34,846
KREGG HOOD ..... SR VP AND CBO	40 0 ..... 1 0			X				164,251	0	8,241
RICK WAGGONER ..... VP - DEVELOPMENT	40 0 ..... 0 0				X			181,919	0	28,661

**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 ..... 0 0				X			216,311	0	24,277
KIRK NOONAN ..... CHIEF INNOVATION OFFICER	40 0 ..... 0 0				X			150,219	0	27,650
DANIEL CLARK JR ..... VP - PARTNER DEVELOPMENT	40 0 ..... 0 0				X			174,419	0	28,070
DANIEL RICE ..... PHILANTHROPY ARCHITECT	40 0 ..... 0 0					X		144,485	0	16,471
KARY KINGSLAND ..... SENIOR VP - GLOBAL INITIATIVES	40 0 ..... 0 0					X		133,503	0	23,227
RANDY RICH ..... VP - ADMINISTRATION	40 0 ..... 0 0					X		130,535	0	25,390
ERICK MEIER ..... VP - SUPPLY CHAIN	40 0 ..... 0 0					X		126,736	0	25,693
JEFFREY ROMAN ..... MARKETING DIRECTOR	40 0 ..... 0 0					X		119,791	0	27,128
CHRIS SONKSEN ..... FORMER DIRECTOR	40 0 ..... 0 0						X	98,965	0	4,948
MIKE MCCLAFLIN ..... FORMER CHAIRMAN	40 0 ..... 0 0						X	45,837	0	11,337

**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](http://www.irs.gov/form990).

**2017**

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	111,110,668	110,928,740	126,827,379	136,003,027	174,930,532	659,800,346
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	111,110,668	110,928,740	126,827,379	136,003,027	174,930,532	659,800,346
<b>5</b> 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)						64,797,748
<b>6 Public support.</b> Subtract line 5 from line 4						595,002,598

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b> Amounts from line 4	111,110,668	110,928,740	126,827,379	136,003,027	174,930,532	659,800,346
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,049	53,237	28,971	17,624	91,476	255,357
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	192,534	205,328	310,735	315,476	298,064	1,322,137
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	331,579	284,409	375,678	445,583	517,007	1,954,256
<b>11 Total support.</b> Add lines 7 through 10						663,332,096

**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**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.699 %
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	90.173 %

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0051386

**Name:** CONVOY OF HOPE

**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**

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		156
<b>j</b> Total Add lines 1c through 1i			156
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 2017, 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 2017, CONVOY OF HOPE PAID \$2,598 OF MEMBERSHIP DUES TO THE SPRINGFIELD AREA CHAMBER OF COMMERCE SIX PERCENT OF THESE DUES ARE USED FOR LOBBYING PURPOSES

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

**Supplemental Financial Statements**  
**► 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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	133,847	124,578	127,297	67,492	
<b>b</b> Contributions . . . . .				126,984	67,492
<b>c</b> Net investment earnings, gains, and losses	16,561	10,211	-1,917	313	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .				67,492	
<b>f</b> Administrative expenses . . . . .		942	802		
<b>g</b> End of year balance . . . . .	150,408	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 |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> 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
<b>1a</b> Land . . . . .		1,802,699		1,802,699
<b>b</b> Buildings . . . . .		9,814,763	3,748,857	6,065,906
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		7,782,801	5,179,338	2,603,463
<b>e</b> Other . . . . .	1,044,323	112,847		1,157,170
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				11,629,238

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	11,757
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	11,757

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	177,989,591
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	471,412
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	766,444
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	648,113
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,885,969
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	176,103,622
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,024,042
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-1,024,042
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	175,079,580

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	159,872,888
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	766,444
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	1,341,635
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,108,079
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	157,764,809
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	167,257
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	167,257
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	157,932,066

**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 \$125,491 OF FUNDS ON BEHALF OF OTHERS DURING 2017 \$54,829 WAS PAID OUT PRIOR TO YEAR END AND A \$91,619 LIABILITY REMAINED ON THE BALANCE SHEET AT 12/31/17

## 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 \$ 648,113 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 \$( 778,577) SPECIAL E VENT EXPENSES ( 291,525) COH EUROPE INHERENT CONTRIBUTION ( 208,088) RENTAL EXPENSES ( 22, 643) MERCHANDISE COST OF GOODS SOLD 276,791 CONTRIBUTION FROM CONVOY OF HOPE FOUNDATION -- ----- \$(1,024,042)

# 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 \$ 778,577 SPECIAL EVENT EXPENSES 332,327 CONVOY OF HOPE FOUNDATION EXPENSES 208,088 RENTAL EXPENSES 22,643 MERCHAN DISE COST OF GOODS SOLD ----- \$ 1,341,635



## 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 \$ 167,257 GRANTS PAID TO CONVOY OF HOPE FOUNDATION

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONVOY OF HOPE

**Employer identification number**

68-0051386

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	5	58			63,015,345
<b>b</b> Total from continuation sheets to Part I					4,436,981
<b>c Totals</b> (add lines 3a and 3b)	8	90			67,452,326

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 40

3 Enter total number of other organizations or entities . . . . . ▶



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

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

<b>Return Reference</b>	<b>Explanation</b>
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, DISASTER RESPONSE (4) DEVELOPMENT/FEEDING, WOMEN'S EMPOWERMENT, DISASTER RESPONSE (7) OUTREACH, REFUGEE RESPONSE, DEVELOPMENT (10) REFUGEE RESPONSE (13) OUTREACH, REFUGEE RESPONSE, DEVELOPMENT (15) DISASTER RESPONSE (18) DEVELOPMENT/FEEDING, AGRICULTURE, DISASTER RESPONSE (21) DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RESPONSE (24) DISASTER RESPONSE

## 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	35	Program Services	SEE SCH F NARRATIVE	43,922,272
Central America and the Caribbean			Grantmaking		11,536,918



**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			Fundraising		126,685
East Asia and the Pacific	1	14	Program Services	SEE SCH F NARRATIVE	4,566,168

**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			Grantmaking		413,976
East Asia and the Pacific			Fundraising		13,820

**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)	1	9	Program Services	SEE SCH. F NARRATIVE	796,787
Europe (Including Iceland and Greenland)			Grantmaking		141,400

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Fundraising		1,639
Middle East and North Africa			Program Services	SEE SCH F NARRATIVE	16,191

**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			Grantmaking		560,962
Middle East and North Africa			Fundraising		7,414

**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	184,705
Russia and the Newly Independent States			Grantmaking		583,200

**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			Program Services	SEE SCH F NARRATIVE	27,916
South America			Grantmaking		113,400

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Fundraising		1,892
South Asia			Program Services	SEE SCH F NARRATIVE	45,920



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Grantmaking		176,671
South Asia			Fundraising		5,332

**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	32	Program Services	SEE SCH F NARRATIVE	2,524,399
Sub-Saharan Africa			Grantmaking		1,089,216

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Fundraising		64,446
North America			Program Services	SEE SCH F NARRATIVE	238,579

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking		291,001
North America			Fundraising		1,417

**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			113,400	FOOD & SUPPL	FMV
		Central America and the Caribbean	MINISTRY PTN			118,800	FOOD & SUPPL	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			109,048	FOOD & SUPPL	FMV
		East Asia and the Pacific	MINISTRY PTN			413,976	FOOD & SUPPL	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			79,080	FOOD & SUPPL	FMV
		Sub-Saharan Africa	MINISTRY PTN			113,400	FOOD & SUPPL	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			356,400	FOOD & SUPPL	FMV
		Sub-Saharan Africa	MINISTRY PTN			113,400	FOOD & SUPPL	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			226,800	FOOD & SUPPL	FMV
		Sub-Saharan Africa	MINISTRY PTN			113,400	FOOD & SUPPL	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 & SUPPL	FMV
		Europe (Including Iceland and Greenland)	MINISTRY PTN			113,400	FOOD & SUPPL	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			115,398	FOOD & SUPPL	FMV
		Central America and the Caribbean	MINISTRY PTN			4,643,286	FOOD & SUPPL	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			5,388,328	FOOD & SUPPL	FMV
		Sub-Saharan Africa	MINISTRY PTN			118,800	FOOD & SUPPL	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)
		South Asia	MINISTRY PTN	20,000	WIRE TRANS			
		Europe (Including Iceland and Greenland)	MINISTRY PTN	18,000	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)
		Central America and the Caribbean	MINISTRY PTN	49,525	WIRE TRANS			
		Central America and the Caribbean	MINISTRY PTN	918,952	WIRE TRANS			

**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	20,000	WIRE TRANS			
		Sub-Saharan Africa	MINISTRY PTN	12,000	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)
		Middle East and North Africa	MINISTRY PTN	350,300	WIRE TRANS			
		North America	MINISTRY PTN	105,000	WIRE TRANS			



**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)
		North America	MINISTRY PTN	8,065	CASH			
		North America	MINISTRY PTN	97,936	WIRE TRANS			

**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)
		North America	MINISTRY PTN	80,000	WIRE TRANS			
		South Asia	MINISTRY PTN	108,532	WIRE TRANS			

**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	10,000	WIRE TRANS			
		Sub-Saharan Africa	MINISTRY PTN	30,000	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)
		Sub-Saharan Africa	MINISTRY PTN	82,000	WIRE TRANS			
		South Asia	MINISTRY PTN	20,000	WIRE TRANS			

**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	190,662	WIRE TRANS			
		Central America and the Caribbean	MINISTRY PTN	114,500	WIRE TRANS			

**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	43,000	WIRE TRANS			
		Sub-Saharan Africa	MINISTRY PTN	80,000	WIRE TRANS			

**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	110,000	WIRE TRANS			
		Sub-Saharan Africa	MINISTRY PTN	40,000	WIRE TRANS			

**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	25,739	WIRE TRANS			
		Sub-Saharan Africa	MINISTRY PTN			118,800	FOOD & SUPPL	FMV



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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONVOY OF HOPE

Employer identification number

68-0051386

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BERKEY BRENDEL SHELINE	FUNDRAISING CONSULTANT		No	1,791,362	72,199	1,719,163
WESTFALL GOLD INC	FUNDRAISING CONSULTANT		No	0	38,679	-38,679
WESTFALL GROUP INC	FUNDRAISING CONSULTANT		No	97,155	210,298	-113,143
<b>Total</b>				1,888,517	321,176	1,567,341

**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

All States

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>HOPE CRUISE</b> (event type)	(event type)	<b>0</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	32,561			32,561
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	32,561			32,561
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	21,821			21,821
	<b>6</b> Rent/facility costs . . . . .	668,379			668,379
	<b>7</b> Food and beverages . . . . .	891			891
	<b>8</b> Entertainment . . . . .	31,965			31,965
	<b>9</b> Other direct expenses . . . . .	55,521			55,521
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				778,577
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-746,016	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 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

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
CONVOY OF HOPE

**Employer identification number**  
68-0051386

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ \_\_\_\_\_ 116

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISASTER RECOVERY SERVICES	30		254,059	FMV	SEE PART IV
(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, HVAC REPLACEMENTS, AND FENCE REPLACEMENTS

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABUNDANT MINISTRY 1545 SOUTH MISSION AVE BOLIVAR, MO 65613	26-2662879	501(C)(3)		149,769	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
AFRICAN AMERICAN ASSOCIATION OF GEORGIA INC 4360 COMMERCE CIRCLE ATLANTA, GA 30336	37-1426340	510(C)(3)		75,422	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASSEMBLIES OF GOD 2325 MALVERN AVE HOT SPRINGS, AR 71901	20-5112679	501(C)(3)		71,936	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
AMERICA CARES TOO 3120 ADAMS STREET BELLWOOD, IL 60104	27-4996382	501(C)(3)		16,027	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEFORE THE TRANSITION INC 29991 CANYON HILLS RD STE 1709-527 LAKE ELSINORE, CA 92532	27-1145135	501(C)(3)		141,358	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BAYOU RECOVERY PROJECT PO BOX 218 BAYOU LABATRE, AL 36509	43-2107455	501(C)(3)		169,093	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHEL MISSION INC 200 N BETHEL ST ROMA, TX 78584	27-7109091	501(C)(3)		32,256	FMV	FOOD & SUPPL	MINISTRY FULFILLMENT
BETHESDA MISSION OUTREACH 5 PLEASANT VIEW DR MECHANICSBURG, PA 17055	23-1389397	501(C)(3)		780,843	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLAVIN SCHOLARS PROGRAM B420 PIERPONT COMMONS ANN ARBOR, MI 48109	38-6006309	501(C)(3)		9,557	FMV	CLOTHING	MINISTRY FULFILLMENT
BREAD OF LIFE MINISTRY INC 13188 SPURGEON RD LYNNVILLE, IN 47619	11-2697211	501(C)(3)		2,870,016	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGE OF FAITH PO BOX 9108 WHITTIER, CA 90608	95-4625811	501(C)(3)		13,963	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BROWNSVILLE TEEN CENTER 1434 E SAN MARCELO BROWNSVILLE, TN 78526	31-1662809	501(C)(3)		46,429	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUCKNER CHILDREN AND FAMILY SERVICES 600 N PEARL ST SUITE 2000 DALLAS, TX 75201	75-2571395	501(C)(3)		368,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CADCOM 113 E MAIN STREET NORRISTOWN, PA 19401	23-1689892	501(C)(3)		7,912	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	95-4335462	501(C)(3)		2,066,657	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CHRIST IN ACTION PO BOX 4200 MANASSAS, VA 20108	84-0888130	501(C)(3)		30,342	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOOD BANK 3000 GALVEZ FORT WORTH, TX 76111	75-1813170	501(C)(3)		75,361	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CONSCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CA 20715	27-0035894	501(C)(3)		127,845	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORNERSTONE CHURCH 16010 ANNAPOLIS ROAD BOWIE, MD 20715	52-1129473	501(C)(3)		57,122	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CROSS INTERNATIONAL 600 SW THIRD ST POMPANO BEACH, FL 33060	65-1086387	501(C)(3)		5,441,135	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CROSSLINES 1710 E CHESTNUT EXWY SPRINGFIELD, MO 65802	43-0903657	501(C)(3)		378,926	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CROSSROADS ALLIANCE AND MINISTRIES 4800 NW 5TH STREET OCALA, FL 34482	84-1651362	501(C)(3)		271,231	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELANCY STREET FOUNDATION PIER 70 550 20TH ST SAN FRANCISCO, CA 94107	23-7102690	501(C)(3)		6,852	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ELEVATE LIVES 2201 N JEFFERSON AVE SPRINGFIELD, MO 65803	81-4490605	501(C)(3)		19,406	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESSENCE OF HOPE 1320 WHITE ST SW ATLANTA, GA 30310	14-1989286	501(C)(3)		130,441	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)		9,830	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY LEGACY MISSIONS INTERNATIONAL 5005 W ROYAL LN STE 252 IRVING, TX 75063	75-2897392	501(C)(3)		2,005,307	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FAMILY RESOURCE CENTER INC 2735 VIA ORANGE WAY SPRING VALLEY, CA 95269	26-3736086	501(C)(3)		138,144	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FARM SHARE INC 14125 SW 320 ST HOMESTEAD, FL 33033	65-0342182	501(C)(3)		7,387	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FEED AMERICA FIRST OF TENNESSEE 1715 S RUTHERFORD BLVD SUITE K-257 MURFREESBORO, TN 37130	62-1821057	501(C)(3)		265,648	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FEED THE HUNGRY 530 E IRELAND ROAD SOUTH BEND, IN 46614	32-0053249	501(C)(3)		9,752	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FIRST ASSEMBLY OF GOD ST ROBERT 919 HIGHWAY Z ST ROBERT, MO 65584	43-1112313	501(C)(3)		64,767	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH OF MT VERNON 621 WEST SLOAN MOUNT VERNON, MO 65712	39-1315403	501(C)(3)		7,493	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FOUNTAIN OF HOPE PO BOX 55039 ATLANTA, GA 30308	26-3951956	501(C)(3)		331,854	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GAIN INTERNATIONAL 2001 WEST PLANO PARKWAY SUITE 2200 PLANO, TX 75075	95-4578963	501(C)(3)		386,400	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLEANNING FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)(3)		161,431	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOODNESS OUTREACH DEPOT 102 BAYNE RD HASLET, TX 76052	68-0152138	501(c)(3)		559,172	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GREATER MT ZION BAPTIST CHURCH 500 TAYLOR ST THOMASTON, GA 30286	58-1626269	501(C)(3)		15,532	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HANDS OF HOPE ILLINOIS 511 OAKLEAF COURT UNIT C JOILLET, IL 60434	26-0643414	501(C)(3)		1,481,105	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HEART OF COMPASSION 600 S MAPLE MONTEBELLO, CA 90640	42-1573926	501(C)(3)		412,050	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEH INC 631 1/2 DEPOT ST BLISSFIELD, MI 49228	20-2676354	501(C)(3)		3,795,424	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HIGH PLAINS HELPING HANDS 7375 ADVENTURE WAY COLORADO SPRINGS, CO 80923	26-1573654	501(C)(3)		83,585	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMELESS PRENATAL 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)		91,295	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HELPING OTHER PEOPLE TO EXPAND PO BOX 692111 STOCKTON, CA 95269	26-3736086	501(C)(3)		19,163	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INNER CITY OUTREACH PO BOX 1486 SPRINGFIELD, MO 65801	43-0972180	501(C)(3)		67,265	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES INC 135 WEST 50TH STREET 6TH FLOOR NEW YORK, NY 10020	13-5564937	501(C)(3)		28,572	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JAMES RIVER ASSEMBLY 6100 N 19TH ST OZARK, MO 65721	43-1564676	501(C)(3)		22,836	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
JESUS IS THE WAY THE TRUTH AND THE LIFE INC 498 NOVE SCOTIA HILL RD WATERTOWN, CT 06795	81-5005420	501(C)(3)		5,731	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KIDS ACROSS AMERICA 1429 LAKESHORE DR BRANSON, MO 65616	43-1348373	501(C)(3)		103,450	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
LEAST OF THESE PO BOX 808 511 KATHRYN STREET NIXA, MO 65714	43-1867039	501(C)(3)		6,652	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANASSEH MINISTRY 4982 BRISTOL ROCK RD BLACK JACK, MO 63033	43-1757349	501(C)(3)		23,583	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MIDWEST FOOD BANK 1703 S VETERANS PKWY BLOOMINGTON, IL 61701	41-2120170	501(C)(3)		5,707,387	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONARK BAPTIST CHURCH 18472 LINDEN DR NEOSHO, MO 64850	44-0577787	501(C)(3)		150,954	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
National Association of Christian Churches 8524 HIGHWAY 6 N SUITE 474 HOUSTON, TX 77095	20-5077098	501(C)(3)		62,357	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
New Beginnings Family Center 655 NORTH 10TH ST DECATUR, IN 46733	20-0337311	501(C)(3)		45,756	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
New Covenant Community Development Corp 5613 COURT H BIRMINGHAM, AL 14215	36-4521611	501(C)(3)		50,053	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
New Life Assembly of God 2416 N WRIGHT RD JANESVILLE, WI 53546	39-1258325	501(C)(3)		34,702	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Nineveh Outreach 1601 COFFEE RD MODESTO, CA 95355	94-1294940	501(C)(3)		106,476	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)		156,656	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NPOWER INC 3 METROTECH CENTER MEZZ BROOKLYN, NY 11201	13-4145441	501(C)(3)		26,166	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Oak Grove Assembly of God 1320 S OAK GROVE AVE SPRINGFIELD, MO 65804	43-1215614	501(C)(3)		10,115	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ON YOUR FEET 2733 VIA ORANGE WAY SPRING VALLEY, CA 91978	35-2329448	501(C)(3)		212,626	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Operation Blessing 977 CENTERVILLE TP VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)		1,247,092	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Operation Compassion 114 STUART RD NE PMB 370 CLEVELAND, TN 37312	62-1697490	501(C)(3)		198,956	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPERATION FOOD SEARCH 1644 LOTSIE BLVD ST LOUIS, MO 63132	43-1241854	501(C)(3)		229,304	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Outreach Unlimited 100 I-45 N STE 210 CONROE, TX 77301	37-0984385	501(C)(3)		356,190	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PALM BEACH COUNTY FOOD BANK 525 GATOR DR LANTANA, FL 33462	90-0788707	501(C)(3)		24,243	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Project for Pride in Living Inc 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	23-7232208	501(C)(3)		37,839	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT PLASE INC 3549-3601 OLD FREDERICK ROAD BALTIMORE, MD 21229	23-7367331	501(C)(3)		67,595	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Reach Out America 2910 STONEPOINT MCKINNEY, TX 77070	76-0628517	501(C)(3)		105,834	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RED CROSS OF SPRINGFIELD 1545 N WEST BYPASS SPRINGFIELD, MO 65803	53-0196604	501(C)(3)		26,793	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ROD BAKER MINISTRIES 8310 S DELAWARE PL TULSA, OK 74137	73-1610281	501(C)(3)		229,629	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROYAL RANGERS AG 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802	43-1358465	501(C)(3)		12,204	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SAM CARE INTERNATIONAL 1309 W VALENCIA DR UNIT K FULLERTON, CA 92833	92-0185626	501(C)(3)		113,400	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)		16,338	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SERVE 68 1600 E MULBERRY ST UNIT 1 FORT COLLINS, CO 80524	46-1737255	501(C)(3)		40,109	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SERVE THE PEOPLE 1206 E 17TH ST 205 SANTA ANA, CA 92701	27-0421556	501(C)(3)		760,165	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SEYMOUR CHURCH OF THE NAZARENE PO BOX 477 SEYMOUR, MO 65746	43-1461234	501(C)(3)		13,834	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHILOH DISTRIBUTION CENTER 121 VOLUNTEER DR LEXINGTON, TN 38351	83-0471038	501(C)(3)		19,471	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
South Bronx Overall Economic Development Corp 555 BERGEN AVE 3RD FLOOR BRONX, NY 10455	13-2736022	501(C)(3)		30,049	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Southern Crescent Resource Ministry 112 PARK W DR MCDONOUGH, GA 30252	58-2097740	501(C)(3)		980,981	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Southpointe Christian Center 7520 STOCKTON BLVD SACRAMENTO, CA 95823	94-2717602	501(C)(3)		21,319	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPRINGFIELD VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1592707	501(C)(3)		243,639	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DREAM BUILDING INC 4324 MARGARETTA AVE SAINT LOUIS, MO 63115	43-1911105	501(C)(3)		13,624	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tabernacle of God Ministries PO BOX 24 CHESTER, SC 29706	57-0843774	501(C)(3)		1,069,294	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE COMMUNITY PANTRY 1130 E HABLER VALLER RD GALLUP, NM 87301	85-0460193	501(C)(3)		99,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE JAMES NETWORK 1312 E 310TH RD FLEMINGTON, MO 65650	32-0437714	501(C)(3)		10,525	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE MESSIAH PROJECT 391 S KICKAPOO SPRINGFIELD, MO 65804	43-1601553	501(C)(3)		113,400	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University Enterprises Corporation at CSUSB 5500 UNIVERSITY PKWY SAN BERNARDINO, CA 92407	95-6067343	501(C)(3)		28,683	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
Victory Christain Center 7700 S LEWIS AVE TUSLA, OK 74136	73-1118160	501(C)(3)		140,870	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wardrobe For AdolescentS and Youth 1605 W ROCKLAND ST PHILADELPHIA, PA 19141	26-1362191	501(C)(3)		6,766	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
WAY OF THE CROSS 224 N F STREET HARLINGEN, TX 78550	74-2585510	501(C)(3)		2,382,274	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WE CARE FOR ALL 4700 STEEL DRIVE HAMPTON, GA 30228	58-2553019	501(C)(3)		1,372,666	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
WORLD HELP PO BOX 501 1148 CORPORATE PARK DRIV FOREST, VA 24551	54-1615454	501(C)(3)		468,832	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YEARUP 45 MILK STREET BOSTON, MA 02109	04-3534407	501(C)(3)		36,309	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MEN OF HONOR INC 5800 UVALDE ROAD HOUSTON, TX 77049	27-1442296	501(C)(3)		9,872	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASSEMBLIES OF GOD 2325 MALVERN AVE HOT SPRINGS, AR 71901	20-5112679	501(C)(3)	256,333				MINISTRY FULFILLMENT
ELEVATE LIVES 2201 N JEFFERSON AVE SPRINGFIELD, MO 65803	81-4490604	501(C)(3)	61,776				MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST CHURCH ASSEMBLY OF GOD PO BOX 4545 TOPEKA, KS 66604	58-1583803	501(C)(3)	19,447				MINISTRY FULFILLMENT
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	40,000				MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRISION FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	40,000				MINISTRY FULFILLMENT
THE VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	30,000				MINISTRY FULFILLMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNATIONAL CHRISTIAN CONCERN PO BOX 8056 SILVER SPRINGS, MD 20907	52-1942990	501(C)(3)	15,000				MINISTRY FULFILLMENT
VITAE FOUNDATION PO BOX 791 JEFFERSON CITY, MO 65102	43-1138252	501(C)(3)	10,000				MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIANCE DEFENDING FREEDOM 15100 N 90TH STREET SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	15,000				MINISTRY FULFILLMENT
EMERGE CONSELING 900 MULL AVE AKRON, OH 44313	34-1213335	501(C)(3)	10,000				MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEEN CHALLENGE 900 N LEAGUE ROAD COLFAX, IA 50054	47-0601957	501(C)(3)	10,000				MINISTRY FULFILLMENT
CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVE SPRINGFIELD, MO 65802	46-2845781	501(C)(3)	167,257				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH OF BOLIVAR 119 N SPRINGFIELD AVE BOLIVAR, MO 65613	44-0606423	501(C)(3)		5,627	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FIRST BAPTIST CHURCH OZARK 1400 W JACKSON ST OZARK, MO 65721	43-1255236	501(C)(3)		5,019	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST ASSEMBLY OF GOD 13435 WEST AVE SAN ANTONIO, TX 78216	74-2272082	501(C)(3)	24,000				MINISTRY FULFILLMENT
CENTRAL CHURCH OF THE NAZARENE 1261 W BRISTOL RD FLINT, MI 48507	38-2062567	501(C)(3)	15,159				MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPITOL HILL ASSEMBLY OF GOD 2400 SW 74TH ST OKLAHOMA CITY, OK 73159	73-0597080	501(C)(3)	24,150				MINISTRY FULFILLMENT
FAITH TABERNACLE CHURCH OF WEST LOS ANGELES 2147 PURDUE AVE LOS ANGELES, CA 90025	95-3618605	501(C)(3)	25,692				MINISTRY FULFILLMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHERN CALIF-NEVADA DISTRICT COUNCIL 6051 S WATT AVE SACRAMENTO, CA 95829	94-1399289	501(C)(3)	25,474				MINISTRY FULFILLMENT
GALLOWAY FULL GOSPEL CHURCH 3357 W FARM RD 146 SPRINGFIELD, MO 65807	43-1636565	501(C)(3)		45,448	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONVOY OF HOPE

Employer identification number  
68-0051386

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b> Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b> Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b> Yes									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									





**Part III Supplemental Information**

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

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



**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**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

1	(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

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

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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) DOREE DONALDSON IS THE WIFE OF THE CEO HAL DONALDSON (2) ELLIOT BOUCHER IS THE SON OF KEY EMPLOYEE KEITH BOUCHER (3) LINDSAY DONALDSON IS THE DAUGHTER OF THE CEO HAL DONALDSON (4) HAROLD SALLEE IS THE FATHER-IN-LAW OF BOARD SECRETARY BRAD TRASK (5) RUSSELL HURST IS THE SON OF BOARD MEMBER RANDY HURST (6) DANIEL CLARK, SR IS THE FATHER OF KEY EMPLOYEE DANIEL CLARK, JR (7) DAVID DONALDSON IS THE BROTHER OF THE CEO HAL DONALDSON (8) JANNA NOONAN IS THE WIFE OF KEY EMPLOYEE KIRK NOONAN

## 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) DOREE DONALDSON	SEE PART V	72,764	EMPLOYEE COMP AND BENEFITS		No
(1) ELLIOT BOUCHER	SEE PART V	25,943	EMPLOYEE COMP AND BENEFITS		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(3) LINDSAY DONALDSON	SEE PART V	46,273	EMPLOYEE COMP AND BENEFITS		No
(1) HAROLD SALLEE	SEE PART V	52,200	EMPLOYEE COMP AND BENEFITS		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(5) RUSSELL HURST	SEE PART V	69,008	EMPLOYEE COMP AND BENEFITS		No
(1) DANIEL CLARK SR	SEE PART V	80,867	EMPLOYEE COMP AND BENEFITS		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(7) DAVID DONALDSON	SEE PART V	15,459	EMPLOYEE COMP AND BENEFITS		No
(1) JANNA NOONAN	SEE PART V	16,600	EMPLOYEE COMPENSATION		No

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **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](http://www.irs.gov/form990)**

**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 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		28,354,989	FMV
6 Cars and other vehicles . . . . .	X	2	60,875	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	19	341,718	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	15,890	68,237,792	FMV
20 Drugs and medical supplies . . . . .	X	185	19,633,508	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (RELIEF SUPPLIES )	X	209	645,347	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** 33

	Yes	No
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? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONVOY OF HOPE

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

68-0051386

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>CONTINUED INTERNATIONAL COMMUNITY DEVELOPMENT DETAIL IN 2017, CONVOY OF HOPE DISTRIBUTED OVER 42 MILLION MEALS TO MORE THAN 177,000 CHILDREN IN 11 PROGRAM COUNTRIES, EDUCATED OVER 79,582 CHILDREN AND PARENTS ON NUTRITION, HYGIENE, AND/OR SANITATION, CONDUCTED 48,005 INDIVIDUAL TRAINING SESSIONS COVERING HYGIENE, HAND WASHING, DENTAL CARE, DIET DIVERSITY, FOOD STORAGE, BREAST FEEDING, DISEASE CONTROL, BUDGETING, WOMEN'S HEALTH AND VALUES TRAINED 3,826 INDIVIDUALS IN AGRICULTURE, AND WORKED WITH OVER 2,788 WOMEN AND GIRLS IN HEALTH AND EMPOWERMENT TRAININGS, 655 OF WHICH PARTICIPATED IN INCOME GENERATING PROJECTS THE ORGANIZATION ASSISTED 478 COMMUNITIES AND SCHOOLS WITH GARDENS CONVOY OF HOPE HAD 11,095 VOLUNTEERS INTERNATIONALLY GIVING 1,125,557 VOLUNTEER HOURS TO ASSIST WITH PROJECTS (UNAUDITED) IN ADDITION TO ONGOING NORMAL OPERATIONAL ACTIVITIES, GROUPS IN 8 COUNTRIES WERE ASSISTED IN HELPING DISPLACED PEOPLE DUE TO VIOLENCE IN THEIR HOME COUNTRIES ASSISTANCE RANGED FROM EARLY FAMILY CARE KITS, CLOTHING, MEALS, AND HYGIENE ESSENTIALS 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 2017, 58 FIELD TEAMS, COMPRISED THAN 879 VOLUNTEERS FROM CHURCHES, UNIVERSITIES AND/OR OTHER GROUPS OR ORGANIZATIONS, SERVED IN 5 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 INVOLVEMENT- 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 2017, 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 101 PASTORAL TRAININGS, DISTRIBUTED OVER 90,769 PAIRS OF SHOES, AND SERVED 1,201 CHURCHES TO INCLUDE ALMOST 96,000 GUESTS OF HONOR (UNAUDITED) 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 2017, CONVOY OF HOPE CONDUCTED 24 COMMUNITY OUTREACHES ACROSS 21 U.S. CITIES IN DOING SO, CONVOY OF HOPE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	E PROVIDED GROCERIES, HEALTH SCREENINGS AND MORE TO OVER 83,000 GUESTS, MOBILIZED OVER 1,7 00 CHURCHES/ORGANIZATIONS AND ENGAGED MORE THAN 22,000 VOLUNTEERS (UNAUDITED)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BOARD MEMBERS MR MILLS AND MR COREY HAVE A FAMILY RELATIONSHIP KEY EMPLOYEES RICK WAGGONER AND DANIEL CLARK, JR HAVE A BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 2017 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 CHAIRMAN BRAD ROSENBERG RECEIVED \$18,000 FOR CONVOY OF HOPE AMBASSADOR SERVICES NO BOARD MEMBERS RECEIVED PAYMENT FOR THEIR SERVICES AS BOARD MEMBERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS \$ 291,525 COH EUROPE INHERENT CONTRIBUTION

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**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](http://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
<b>(1)</b> ASPER COH INVESTMENT HOLDINGS LLC 330 S PATTERSON AVE SPRINGFIELD, MO 65802 30-0756967	INVESTMENTS	DE	621,689	1,575,223	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
<b>(1)</b> CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVE  SPRINGFIELD, MO 65802 46-2845781	SUPPORT	DE	501(C)(3)	12 A 1	COH	Yes	
<b>(2)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> 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	167,257	COST
(2) CONVOY OF HOPE FOUNDATION	C	276,791	COST





**Part VII** **Supplemental Information**

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