

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
CONVOY OF HOPE

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 \$ 178,473,970

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
RESPONDING TO THE NEEDS OF THE IMPOVERISHED AND SUFFERING

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

3 Number of voting members of the governing body (Part VI, line 1a)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	180
6 Total number of volunteers (estimate if necessary)	57,861
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	174,930,532	176,728,792
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,249	-32,328
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,799	-1,622,012
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,079,580	175,074,452
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,609,401	138,128,813
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,597,381	14,828,923
16a Professional fundraising fees (Part IX, column (A), line 11e)	321,176	765,512
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,109,897		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,404,108	15,268,851
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	157,932,066	168,992,099
19 Revenue less expenses Subtract line 18 from line 12	17,147,514	6,082,353
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	52,220,932	58,542,525
21 Total liabilities (Part X, line 26)	4,582,027	3,488,422
22 Net assets or fund balances Subtract line 21 from line 20	47,638,905	55,054,103

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: 2019-09-24

KREG HOOD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-09-24 Check if self-employed PTIN P00078514

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 12721 METCALF AVENUE SUITE 104 OVERLAND PARK, KS 66213 Phone no (913) 491-6655

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 STRATEGIC PROGRAM PARTNERS

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 \$ 69,409,850 including grants of \$ 62,324,188) (Revenue \$ 0)
See Additional Data

4b (Code) (Expenses \$ 62,152,528 including grants of \$ 59,155,061) (Revenue \$ 0)
See Additional Data

4c (Code) (Expenses \$ 19,701,654 including grants of \$ 16,649,564) (Revenue \$ 0)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 151,264,032

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	180			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	Yes	
<p>b If "Yes," enter the name of the foreign country ▶ <u>BE , ES , ET , NU , RP , TZ , HO</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		No
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AK, AZ, AR, CA, CO, HI, KY, LA, MD, MA, MI, MN, MS, NH, NY, NC, ND, PA, SC, TN, VA, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAN CLOPINE 330 S PATTERSON AVE SPRINGFIELD, MO 65802 (417) 823-8998

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 9 Total.

Main revenue table with 5 main columns. Rows include 3-5 (Investment income, etc.), 6a-6d (Gross rents), 7a-7d (Securities), 8a-8c (Fundraising events), 9a-9c (Gaming activities), 10a-10c (Inventory), 11a-11d (Miscellaneous Revenue), and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	106,068,111	106,068,111		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	32,060,702	32,060,702		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,979,268	806,649	455,535	717,084
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	540,987	220,479	124,510	195,998
7 Other salaries and wages	9,118,513	3,716,241	2,098,656	3,303,616
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	438,755	178,814	100,981	158,960
9 Other employee benefits	1,996,869	813,822	459,586	723,461
10 Payroll taxes	754,531	307,508	173,658	273,365
11 Fees for services (non-employees)				
a Management				
b Legal	47,921	5,939	10,329	31,653
c Accounting	109,533	13,575	23,609	72,349
d Lobbying				
e Professional fundraising services. See Part IV, line 17	765,512			765,512
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,906,241	1,136,079	834,303	935,859
12 Advertising and promotion	200,505	21,353		179,152
13 Office expenses	841,889	534,244	186,240	121,405
14 Information technology				
15 Royalties				
16 Occupancy	1,227,750	454,070	133,178	640,502
17 Travel	5,307,164	2,667,111	348,068	2,291,985
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	71,459	31		71,428
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,206,764	563,965	603,803	38,996
23 Insurance	494,920	79,334	389,008	26,578
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND FREIGHT	842,239	559,006	38,078	245,155
b REPAIRS AND MAINTENANCE	766,294	665,125	87,371	13,798
c PRINTING AND PUBLICATIO	750,901	72,611	392,992	285,298
d EQUIPMENT, TOOLS AND RE	349,313	317,693	14,081	17,539
e All other expenses	145,958	1,570	144,184	204
25 Total functional expenses. Add lines 1 through 24e	168,992,099	151,264,032	6,618,170	11,109,897
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,083,032	1	12,287,969
	2 Savings and temporary cash investments	22,438,741	2	16,262,202
	3 Pledges and grants receivable, net	137,304	3	0
	4 Accounts receivable, net	222,194	4	611,584
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,500	7	0
	8 Inventories for sale or use	13,088,197	8	13,455,766
	9 Prepaid expenses and deferred charges	913,133	9	1,772,600
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	20,490,297		
	b Less accumulated depreciation	10,085,822		
	11 Investments—publicly traded securities	111,358	11	630,438
	12 Investments—other securities See Part IV, line 11	33,446	12	3,117,491
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	562,789	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,220,932	16	58,542,525	
Liabilities	17 Accounts payable and accrued expenses	2,819,428	17	2,438,139
	18 Grants payable		18	
	19 Deferred revenue	544,105	19	153,680
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	91,619	21	48,394
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,115,118	23	848,209
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	11,757	25	
	26 Total liabilities. Add lines 17 through 25	4,582,027	26	3,488,422
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,553,119	27	35,783,233
	28 Temporarily restricted net assets	19,085,786	28	19,087,386
	29 Permanently restricted net assets	0	29	183,484
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	47,638,905	33	55,054,103	
34 Total liabilities and net assets/fund balances	52,220,932	34	58,542,525	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	175,074,452
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,992,099
3	Revenue less expenses Subtract line 2 from line 1	3	6,082,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,638,905
5	Net unrealized gains (losses) on investments	5	159,681
6	Donated services and use of facilities	6	1,173,164
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,054,103

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Form 990 (2018)

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:

STRATEGIC PROGRAM PARTNERS - THROUGH COLLABORATION WITH CAREFULLY SELECTED, EXPERT, LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS IMPACT BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS THAT ARE INTEGRAL TO EXTENDING THE OVERALL MISSION OF CONVOY OF HOPE CONVOY OF HOPE HAS PROVIDED SIGNIFICANT RESOURCES TO ORGANIZATIONAL PARTNERS AROUND THE WORLD

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 2018, CONVOY OF HOPE RESPONDED GLOBALLY TO 39 DISASTERS THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 1948 LOADS OF DISASTER RELIEF SUPPLIES, INCLUDING 64,081,877 MEALS, TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 16 STATES AND 20 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	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRAD ROSENBERG CHAIRMAN	1 00 0 00	X		X				24,000	0	0
COURT DURKALSKI VICE CHAIRMAN	1 00 0 00	X		X				0	0	0
BRAD TRASK SECRETARY	1 00 0 00	X		X				250	0	0
SCOTT HOWARD TREASURER	1 00 0 00	X		X				0	0	0
TOM CARTER DIRECTOR	1 00 0 00	X						0	0	0
AARON COLE DIRECTOR	1 00 0 00	X						0	0	0
BARRY COREY PHD DIRECTOR	1 00 0 00	X						0	0	0
DAVID CRIBBS DIRECTOR	1 00 0 00	X						0	0	0
NICK GARZA DIRECTOR	1 00 0 00	X						0	0	0
SAM HUDDLESTON DIRECTOR	1 00 0 00	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			
RANDY HURST DIRECTOR	1 00 0 00	X						0	0	0
CHERYL JAMISON DIRECTOR	1 00 0 00	X						0	0	0
TELVIN JEFFRIES DIRECTOR	1 00 0 00	X						0	0	0
KLAYTON KO DIRECTOR	1 00 0 00	X						0	0	0
KAY LOGSDON DIRECTOR	1 00 0 00	X						0	0	0
HUGH OSSIE MILLS DIRECTOR	1 00 0 00	X						0	0	0
SHERILYNN TOUNGER DIRECTOR	1 00 0 00	X						0	0	0
DISHAN WICKRAMARATNE DIRECTOR	1 00 0 00	X						0	0	0
KIRK YAMAGUCHI DIRECTOR	1 00 0 00	X						0	0	0
HAL DONALDSON PRESIDENT	40 00 2 00			X				289,163	0	47,766

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			
KREGG HOOD SR VP AND CBO	40 00 1 00			X				190,343	0	9,127
KEITH BOUCHER SENIOR VP AND COO	40 00 0 00			X				196,812	0	40,056
RICK WAGGONER VP-DEVELOPMENT	40 00 0 00				X			162,640	0	40,385
DANIEL CLARK JR VP-PARTNER DEVELOPMENT	40 00 0 00				X			178,057	0	2,448
DANIEL RICE PHILANTHROPY ARCHITECT	40 00 0 00					X		123,653	0	124
KARY KINGSLAND SENIOR VP-GLOBAL INITIATIVES	40 00 0 00					X		132,354	0	4,248
RANDY RICH VP-ADMINISTRATION	40 00 0 00					X		127,458	0	1,389
ERICK MEIER VP-SUPPLY CHAIN	40 00 0 00					X		124,830	0	4,562
CHRIS SONKSEN FORMER DIRECTOR	40 00 0 00						X	106,613	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	110,928,740	126,827,379	136,003,027	174,930,532	176,728,792	725,418,470
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	110,928,740	126,827,379	136,003,027	174,930,532	176,728,792	725,418,470
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						55,645,594
6 Public support. Subtract line 5 from line 4						669,772,876

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	110,928,740	126,827,379	136,003,027	174,930,532	176,728,792	725,418,470
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,237	28,971	17,624	91,476	807,210	998,518
9 Net income from unrelated business activities, whether or not the business is regularly carried on	205,328	310,735	315,476	298,064	0	1,129,603
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	284,409	375,678	446,281	517,007	834,965	2,458,340
11 Total support. Add lines 7 through 10						730,004,931
12 Gross receipts from related activities, etc (see instructions)						12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.750 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	89.700 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2014 AMOUNT \$ 284,409 2015 AMOUNT \$ 373,987 2016 AMOUNT \$ 445,583 2017 AMOUNT \$ 517,007 2018 AMOUNT \$ 834,965 SALE OF MERCHANDISE - 2015 AMOUNT \$ 1,691 2016 AMOUNT \$ 698

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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
1 Total number at end of year	11	
2 Aggregate value of contributions to (during year)	309,819	
3 Aggregate value of grants from (during year)	269,461	
4 Aggregate value at end of year	2,212,091	

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

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

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

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	150,408	133,847	124,578	127,297	67,492
b Contributions					126,984
c Net investment earnings, gains, and losses	-8,262	16,561	10,211	-1,917	313
d Grants or scholarships					
e Other expenditures for facilities and programs					67,492
f Administrative expenses			942	802	
g End of year balance	142,146	150,408	133,847	124,578	127,297

- 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 ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,802,699		1,802,699
b Buildings		9,984,661	4,161,396	5,823,265
c Leasehold improvements				
d Equipment		8,645,452	5,924,426	2,721,026
e Other		57,485		57,485
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,404,475

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) COMMUNITY FOUNDATION OF THE OZARKS - HOPE FUND	31,813	C
(B) COMMUNITY FOUNDATION OF THE OZARKS - SPRINGFIELD FUND	21	C
(C) ASPER-COH, LLC INVESTMENT ACCOUNT	2,011,214	C
(D) ASPER-COH BROKERAGE/TRADING ACCOUNT	1,074,443	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,117,491	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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	

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME AND, ACCORDINGLY, PAYS ESTIMATED TAXES IN ACCORDANCE WITH THE PROVISIONS ASSOCIATED WITH ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS ANALYZED ITS VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS ARE WELL DOCUMENTED AND SUPPORTED. ADDITIONALLY, MANAGEMENT BELIEVES THAT NO ACCRUALS FOR TAX LIABILITIES RELATED TO UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. THEREFORE, NO RESERVES FOR UNCERTAIN INCOME TAX POSITIONS HAVE BEEN RECORDED. THERE HAVE BEEN NO INCREASES OR DECREASES IN UNRECOGNIZED TAX BENEFITS FOR CURRENT OR PRIOR YEARS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN INCLUDED SINCE NO RESERVES WERE RECORDED AND NO SIGNIFICANT INCREASES OR DECREASES ARE EXPECTED TO OCCUR WITHIN THE NEXT 12 MONTHS. WHEN APPLICABLE, INTEREST AND PENALTIES WILL BE REPORTED AS A COMPONENT OF INCOME TAX EXPENSE.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	5	73			51,817,990
b Total from continuation sheets to Part I					10,019,461
c Totals (add lines 3a and 3b)	8	151			61,837,451

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2018	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 39

3 Enter total number of other organizations or entities ▶ 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't 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, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	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

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 & CARIBBEAN	3	41	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS	47,703,135
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		1,063,672

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 & CARIBBEAN	0	0	DEVELOPMENT		109,477
EAST ASIA & THE PACIFIC	1	19	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS	2,222,770

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 & THE PACIFIC	0	0	GRANTS		37,100
EAST ASIA & THE PACIFIC	0	0	DEVELOPMENT		190

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	1	13	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT, SPIRITUAL EMPHASIS	595,550
EUROPE	0	0	GRANTS		86,096

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	0	0	DEVELOPMENT		28,386
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	REFUGEE RESPONSE	348,893

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 & NORTH AFRICA	0	0	GRANTS		566,574
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT	396,373

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	0	0	PROGRAM SERVICES	DISASTER RELIEF	1,168,378
SOUTH ASIA	0	0	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, DISASTER RELIEF	102,094

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	0	0	GRANTS		140,713
SOUTH ASIA	0	0	DEVELOPMENT		1,641

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	78	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS	3,659,541
SUB-SAHARAN AFRICA	0	0	GRANTS		390,130

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	0	0	DEVELOPMENT		22,292
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE	2,914,168

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
NORTH AMERICA	0	0	GRANTS		267,770
NORTH AMERICA	0	0	DEVELOPMENT		12,508

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 & CARIBBEAN	PROGRAM PARTNER	53,890	WIRE			
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	5,000	WIRE			

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	PROGRAM PARTNER	10,000	WIRE			
		SOUTH ASIA	PROGRAM PARTNER	10,000	WIRE			

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	PROGRAM PARTNER	75,000	WIRE			
		SOUTH ASIA	PROGRAM PARTNER	55,000	WIRE			

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	PROGRAM PARTNER	25,000	WIRE			
		SOUTH ASIA	PROGRAM PARTNER	139,500	WIRE			

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	PROGRAM PARTNER	81,000	WIRE			
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	156,900	WIRE			

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	PROGRAM PARTNER	90,000	WIRE			
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			113,400	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			132,718	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			294,219	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			1,371,721	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			226,800	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			22,541,966	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			237,600	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			81,131	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			424,022	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			118,800	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			117,471	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER			84,856	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER			365,615	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM PARTNER			113,400	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER			996,972	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM PARTNER			113,400	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER			113,400	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM PARTNER			118,800	FOOD & SUPPLIES	FMV
		MIDDLE EAST & NORTH AFRICA	PROGRAM PARTNER			337,215	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	PROGRAM PARTNER			83,160	FOOD & SUPPLIES	FMV
		SOUTH AMERICA	PROGRAM PARTNER			1,057,386	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM PARTNER			150,834	FOOD & SUPPLIES	FMV
		NORTH AMERICA	PROGRAM PARTNER			82,009	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM PARTNER			1,184,059	FOOD & SUPPLIES	FMV
		NORTH AMERICA	PROGRAM PARTNER			411,424	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	15,000	WIRE			
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER			115,632	FOOD & SUPPLIES	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & NEIGHBORING STATES	PROGRAM PARTNER			356,400	FOOD & SUPPLIES	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BERKEY BRENDEL SCHELINE 60 SHIAWASSEE AVE FAIRLAWN, OH 44333	DEVELOPMENT CONSULTANT		No	968,394	68,247	900,147
2 WESTFALL GROUP 75 14TH STREET NE SUITE 3050 ATLANTA, GA 30309	DEVELOPMENT CONSULTANT		No	197,810	697,265	-499,455
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,166,204	765,512	400,692

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HOPE PARTNER EVENT MEDITERRANEAN (event type)	HOPE PARTNER EVENT ALASKA (event type)	<u>1</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	45,363	11,157	9,601	66,121
	2 Less Contributions	0	0	0	
	3 Gross income (line 1 minus line 2)	45,363	11,157	9,601	66,121
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	2,609	10,942	6,903	20,454
	6 Rent/facility costs	898,272	629,384	506,478	2,034,134
	7 Food and beverages	605	876	979	2,460
	8 Entertainment	58,672	28,017	47,957	134,646
	9 Other direct expenses	228,563	129,902	132,845	491,310
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,683,004
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,616,883

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

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
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 207
3 Enter total number of other organizations listed in the line 1 table 0

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)					
(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
PART I, LINE 2	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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPT A BLOCK DBA A CAN CAN MAKE A DIFFERENCE 1607 CROMWELL BRIDGE RD BALTIMORE, MD 212341416	52-1758039	501(C)3		14,845	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
ABSOLUTE CHURCH 11507 HWY 5 CABOT, AR 72023	81-5303060	501(C)3		5,832	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUNDANCE MINISTRY INC 1545 SOUTH MISSION AVE BOLIVAR, MO 65613	26-2662879	501(C)3		155,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
ADRIAN VICTORY ASSEMBLY OF GOD DBA THE GENERAL COUNCIL OF THE ASSEMBLIES O 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802	44-0577787	501(C)3		10,022	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN ASSOC OF GEORGIA INC 4360 COMMERCE CIRCLE ATLANTA, GA 303361948	37-1426340	501(C)3		526,324	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
AFRICA'S HOPE DBA THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD (ASSEMBLIES) 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802	44-0577787	501(C)3		11,507	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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ALDEN METHODIST CHURCH DBA THE PEOPLE OF THE UNITED MEHTODIST CHURCH 305 N PIONEER ALDEN, KS 67512	48-0887739	501(C)3		53,919	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
AMBASSADORS FOR CHRIST IN HAITI 3012 MOCKINGBIRD DRIVE ST CHARLES, MO 633011273	91-0193796	501(C)3		178,200	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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AMERICAN GI FORUM NATIONAL VETERANS OUTREACH PROGRAM 611 N FLORES ST STE 200 SAN ANTONIO, TX 782051255	74-2033203	501(C)3		23,291	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ASSEMBLIES OF GOD FAMILY SERVICES 2325 MALVERN AVE HOT SPRINGS, AR 719018037	20-5112679	501(C)3		9,475	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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BAYOU RECOVERY PROJECT PO BOX 218 BAYOU LABATRE, AL 365090218	43-2107455	501(C)3		165,261	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
BEFORE THE TRANSITION 29991 CANYON HILLS RD STE 1709-527 LAKE ELSINORE, CA 925322579	27-1145135	501(C)3		20,344	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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BETHEL ASSEMBLY OF GOD PO BOX 140 GARDEN CITY, MO 647470140	43-1504777	501(C)3		8,393	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
BETHEL ASSEMBLY OF GOD 1201 N WILLIAM PARKHURST DR SEDALIA, MO 653010000	71-0920732	501(C)3		7,874	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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BETHEL MISSION INC 200 N BETHEL ST ROMA, TX 785840609	23-7109091	501(C)3		167,238	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BETHESDA MISSION PO BOX 3041 HARRISBURG, PA 17105	23-1389397	501(C)3		1,105,749	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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ASSEMBLY OF GOD 4825 WHITE AVE S BLACKWELL, OK 746319513	90-0746442	501(C)3		17,207	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)3		13,842	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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BLESSMAN INTERNATIONAL INC 2527 106 TH STREET URBANDALE, IA 503220000	42-1523757	501(C)3		477,716	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD (BRANSON) PO BOX 863 BRANSON, MO 656150863	46-1628976	501(C)3		9,741	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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BRANSON PUBLIC SCHOOL 263 BUCCANEER DR BRANSON, MO 65616	44-6004953	501(C)3		14,463	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE MINISTRY INC PO BOX 12 LYNNVILLE, IN 476190012	35-1672783	501(C)3		1,001,940	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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BREAD OF LIFE INTERNATIONAL INC 920 CENTER CHURCH RD EAST EARL, PA 175199310	75-2957263	501(C)3		3,366,829	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BRIDGE OF FAITH PO BOX 9108 WHITTIER, CA 906089108	95-4625811	501(C)3		27,430	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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

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BROWNSVILLE TEEN CENTER 1434 E SAN BARCELO BLVD BROWNSVILLE, TX 785261961	31-1662809	501(C)3		75,180	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLY OF GOD (BUCKLIN) 96 S LIVINGSTON ST BUCKLIN, MO 646319002	43-1348080	501(C)3		7,314	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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CALVARY CHRISTIAN ASSEMBLY OF GOD 9048 W STATE HWY 266 SPRINGFIELD, MO 658028746	43-1509418	501(C)3		6,882	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CALVARY LIFE ASSEMBLY OF GOD PO BOX 86 HOBART, OK 736510086	73-1449552	501(C)3		32,886	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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FIRST ASSEMBLY OF GOD (CAVE CITY) PO BOX 430 CAVE CITY, AR 725210430	71-0573119	501(C)3		11,363	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY 16TH FLOOR NEW YORK, NY 100041607	13-3843322	501(C)3		22,633	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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CHILDREN'S HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	95-4335462	501(C)3		10,551,347	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CHRISTIAN ACTION MINISTRIES 610 S 6TH ST BRANSON, MO 656162813	43-1355905	501(C)3		212,521	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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CHURCH OF GLAD TIDINGS PO BOX 1630 YUBA CITY, CA 959921630	94-2326543	501(C)3		117,132	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CHURCH ON THE HILL AKA THE HILL-VALLEJO 210 LOCUST PRAIRIE VALLEJO, CA 945914219	94-1347030	501(C)3		20,405	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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COLLINS CHRISTIAN CHURCH 1610 DELAPORTE ST COLLINS, MO 64738	01-2476072	501(C)3		17,298	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR NICH COUNTIES 710 WEST HIGH STREET LEXINGTON, KY 40508	61-0650121	501(C)3		6,432	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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COMMUNITY PARTNERSHIP OF THE OZARKS 330 N JEFFERSON AVE SPRINGFIELD, MO 658061151	43-1830026	501(C)3		8,063	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CONCSIIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CO 803026720	27-0035894	501(C)3		296,515	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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CORNERSTONE ASSEMBLY OF GOD 16010 ANNAPOLIS ROAD BOWIE, MD 207153043	52-1129473	501(C)3		35,592	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COX HEALTH 1423 N JEFFERSON AVE SPRINGFIELD, MO 658021917	47-1087427	501(C)3		8,992	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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CROSS INTERNATIONAL 600 SW 3RD STREET SUITE 22 POMPANO BEACH, FL 33060	65-1086387	501(C)3		3,348,127	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COUNCIL OF CHURCHES OF THE OZARKS INC PO BOX 3947 SPRINGFIELD, MO 658083947	43-0903657	501(C)3		1,471,013	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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CROSSROADS ASSEMBLY OF GOD DBA THE GENERAL COUNCIL OF THE ASSEMBLIES OF GO 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802	44-0577787	501(C)3		5,296	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
CROSSROADS ALLIANCE AND MINISTIRES PO BOX 1000 SILVER SPGS, FL 344891000	84-1651362	501(C)3		370,483	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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DESTINY CHURCH OF SAINT LOUIS 1809 DES PERES ROAD SAINT LOUIS, MO 63131	43-1210217	501(C)3		346,814	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DIAPER BANK OF THE OZARKS 940 N FARM ROAD 199 SPRINGFIELD, MO 658029265	46-2851972	501(C)3		7,171	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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DISASTER RELIEF AT WORK INC 1556 TELEGRAPH DR PONTIAC, MI 483401031	45-4900831	501(C)3		20,435	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
EL DORADO FAMILY WORSHIP CENTER 701 S ATCHINSON EL DORADO, KS 67042	48-0829807	501(C)3		6,798	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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ELSINORE FIRST AG 20 N PINE ELSINORE, MO 63937	43-1213016	501(C)3		24,892	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ENGLAND FIRST AG 608 E FORDYCE ST ENGLAND, AR 72046	71-0515236	501(C)3		8,526	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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ESSENCE OF HOPE INC 777 CLEVELAND AVE SW STE 316 ATLANTA, GA 303157118	14-1989286	501(C)3		127,179	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 658022125	44-0589787	501(C)3		8,024	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FAITH COWBOY CHURCH 6286 SPENCER RD DESLOGE, MO 63628	26-4361786	501(C)3		39,103	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAMILY RESOURCE CENTER INC 2735 VIA ORANGE WAY SPRING VALLEY, CA 91978	26-3736086	501(C)3		163,655	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FARMINGTON FIRST AG DBA OPEN HEART 1803 N WASHINGTON FARMINGTON, MO 68503	43-1188615	501(C)3		17,108	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FEED AMERICA FIRST OF TENNESSEE 1105 BLUE SPRINGS RD FRANKLIN, TN 370696916	62-1821057	501(C)3		674,943	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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LESEA GLOBAL FEED THE HUNGRY INC 530 E IRELAND RD SOUTH BEND, IN 46614	32-0053249	501(C)3		304,338	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
FIRST ASSEMBLY OF GOD NORTH LITTLE ROCK 4501 BURROW DRIVE NORTH LITTLE ROCK, AR 72116	71-0245473	501(C)3		21,658	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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FIRST ASSEMBLY OF GOD ST ROBERT 919 Z HIGHWAY ST ROBERT, MO 655844652	43-1112313	501(C)3		47,104	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FIRST BAPTIST CHURCH OZARK 1400 W JACKSON OZARK, MO 65721	43-1255236	501(C)3		7,288	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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FLAG SPRINGS CHURCH 17410 COUNTY ROAD 1060 ST JAMES, MO 65559	43-1079804	501(C)3		6,899	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FOOD FOR MORGAN COUNTY INC PO BOX 44 VERSAILLES, MO 650840044	45-3778751	501(C)3		19,640	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FORDYCE 1ST AG PO BOX 538 FORDYCE, AR 71742	23-7398691	501(C)3		14,253	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FOUNTAIN OF HOPE 829 HOLLYWOOD ROAD ATLANTA, GA 303184769	26-3951956	501(C)3		1,691,747	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FRIENDSHIP AG 1771 HWY 163 JONESBORO, AR 72404	71-0567475	501(C)3		8,519	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GALLOWAY FULL GOSPEL CHURCH 3357 WEST FARM ROAD 146 SPRINGFIELD, MO 65807	43-1636565	501(C)3		18,478	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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GENTRY FIRST ASSEMBLY OF GOD 700 E MAIN ST GENTRY, AR 72734	71-0541488	501(C)3		16,927	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)3		143,921	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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GOODNESS OUTREACH DEPOT 102 BAYNE RD HASLET, TX 760524614	68-0512138	501(C)3		2,501,745	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE CHAPEL 1508 VIRGINIA AVE JOPLIN, MO 64804	46-3947128	501(C)3		6,156	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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GRACE COMMUNITY CHURCH 3101 GRETNA RD BRANSON, MO 65616	46-0527443	501(C)3		12,218	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH - SALEM 600 S WATER STREET SALEM, MO 65560	43-1227531	501(C)3		24,784	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MT ZION BAPTIST CHURCH 500 TRAYLOR ST THOMASTON, GA 302863769	58-1626269	501(C)3		21,958	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GUTS CHURCH 9120 EAST BROKEN ARROW EXP TULSA, OK 741453316	73-1361025	501(C)3		453,258	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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HANDS OF HOPE OF IL 511 OAKLEAF CT UNIT C JOLIET, IL 604361030	26-0643414	501(C)3		1,604,346	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HANDS OF LOVE FOUNDATION INC 1932 BENNETTS POINT DR MARIETTA, GA 300681586	26-2832041	501(C)3		118,800	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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HARBOR LIGHT WORSHIP CENTER 130 WASHINGTON STREET STANTON, KY 40380	47-3607748	501(C)3		464,460	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HARMONY HOUSE 519 EAST CHERRY SPRINGFIELD, MO 65806	42-1573926	501(C)3		15,133	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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HARVEST CHRISTIAN CENTRE - PARK HILLS 1925 HWY 32 WEST PARK HILLS, MO 63601	43-1158954	501(C)3		7,663	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HEAVANS GATEWAY MINISTRIES INC 9517 SOUTH MAIN STREET JONESBORO, GA 302368707	26-4103730	501(C)3		175,680	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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HOPE AND ENCOURAGEMENT FOR HUMANITY INC 631 DEPOT ST BLISSFIELD, MI 492281357	20-2676354	501(C)3		5,092,682	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HOMELESS PRENATAL 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)3		90,856	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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I AM A GENTLEMAN INC 3622 S STATE ST APT 413 CHICAGO, IL 606091952	81-1396059	501(C)3		13,922	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
IBERIA FIRST ASSEMBLY 2244 HIGHWAY 17 IBERIA, MO 65486	43-1273882	501(C)3		5,622	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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INDUSTRY AG 108 E HICKORY ST INDUSTRY, IL 61440	36-3148092	501(C)3		5,083	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL TEMPLE 2020 E BATTLEFIELD ST SPRINGFIELD, MO 658043803	43-0972180	501(C)3		121,041	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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JAMES RIVER CHURCH 6100 N 19TH ST OZARK, MO 657216694	43-1564676	501(C)3		9,819	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
JESUS REAL INC 2244 E LARK ST SPRINGFIELD, MO 658046713	26-4163150	501(C)3		91,949	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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JOPLIN 2ND AG 402 N SCHIFFERDECKER AVE JOPLIN, MO 64801	43-1266538	501(C)3		5,592	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
KAMILEONS KLOSET PROFESSIONAL DEVELOPMENT INC 2451 CUMBERLAND PARKWAY SE RM 3736 ATLANTA, GA 303396136	46-5115573	501(C)3		11,613	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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

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KEOTA FIRST AG PO BOX 475 KEOTA, OK 74941	30-0356349	501(C)3		28,946	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
KIDS ACROSS AMERICA 2036 TIMBERLAKE ROAD BRANSON, MO 65616	43-1348373	501(C)3		222,745	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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LICKING ASSEMBLY OF GOD 217 DORSEY ST LICKING, MO 65542	45-3953186	501(C)3		13,914	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFE 360 CHURCH 3581 S KANSAS AVE SPRINGFIELD, MO 658074303	43-6109754	501(C)3		10,195	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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LIFE ABUNDANT CHURCH PO BOX 287 BERGMAN, AR 726150287	44-0577787	501(C)3		7,702	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFE HOUSE 424 E MONASTERY DR SPRINGFIELD, MO 65807	80-0455890	501(C)3		18,418	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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LIFE 360 CHURCH 3581 S KANSAS AVE SPRINGFIELD, MO 658074303	43-6109754	501(C)3		19,524	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIVING PROOF CHURCH 1207 E NAVASOTA GROESBECK, TX 76642	81-4112238	501(C)3		20,225	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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LIVING STONES CHURCH 910 E DORRIS AVE MOUNTAIN GROVE, MO 657111823	43-1118843	501(C)3		17,102	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
LOVING WITH MERCY MINISTRIES 15661 OAK DR KERMAN, CA 936301281	46-4359589	501(C)3		103,903	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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MARIANNA FIRST AG 149 E MARTIN LUTHER KING JR DR MARIANNA, AR 72360	71-0520144	501(C)3		7,427	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDLAND AG PO BOX 76 MIDLAND, AR 72945	71-0627386	501(C)3		7,085	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - ARIZONA 725 E BASELINE RD GILBERT, AZ 85233	41-2120170	501(C)3		825,067	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - BLOOMINGTON 2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501(C)3		2,070,781	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - GEORGIA 220 PARKADE COURT PEACHTREE CITY, GA 30269	62-0535346	501(C)3		752,783	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - INDIANA 6450 S BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501(C)3		713,290	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - PEORIA 9005 N INDUSTRIAL RD PEORIA, IL 61615	41-2120170	501(C)3		515,018	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DRIVE NEOSHO, MO 64850	44-0577787	501(C)3		744,430	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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MTN VIEW FIRST ASSEMBLY OF GOD 230 W FIRST ST 317 MTN VIEW, MO 65548	43-1273837	501(C)3		5,061	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MULBERRY FIRST AG 332 HEARD MULBERRY, AR 72947	71-0560475	501(C)3		6,807	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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NAZARENE COMPASSIONATE MINISTRIES INC 17001 PRAIRIE STAR PARKWAY LENEXA, KS 66220	43-1550318	501(C)3		178,232	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
NEW BEGINNING FAITH CENTER INC 655 NORTH 10TH ST DECATUR, IN 467331254	20-0337311	501(C)3		54,352	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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NEW BEGINNINGS FULL GOSPEL PO BOX 234 MINERAL POINT, MO 636600234	36-4557431	501(C)3		19,753	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW HOPE AG COTATI PO BOX 297 COTATI, CA 949310297	94-2862176	501(C)3		6,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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NEW HOPE FELLOWSHIP 19 NEW SUGAR CREEK RD FENTON, MO 63026	43-1272118	501(C)3		6,871	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NPOWER INC 55 WASHINGTON STREET SUITE 560 NEW YORK, NY 11201	13-4145441	501(C)3		17,954	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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COMMUNITY PARTNERSHIP OF THE OZARKS DBA ONE DOOR 330 N JEFFERSON AVENUE SPRINGFIELD, MO 658061155	43-1830026	501(C)3		8,308	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
OPEN HEART AG 1803 N WASHINGTON ST FARMINGTON, MO 63640	43-1188615	501(C)3		38,367	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)3		198,543	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
OPERATION COMPASSION A TENNESSEE NON-PROFIT CORPORATION 114 STUART RD NE PMB 370 CLEVELAND, TN 373124803	62-1697490	501(C)3		149,075	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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OPERATION FOOD SEARCH 1644 LOTSIE BLVD STLOUIS, MO 63132	43-1241854	501(C)3		113,631	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PASSION ASSEMBLY OF GOD 806 N FORSET AVE SPRINGFIELD, MO 658024416	43-1631596	501(C)3		5,817	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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PENTECOSTAL CHURCH OF GOD PO BOX ENGLAND, AR 720460437	71-0750763	501(C)3		8,111	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PEOPLES CITY MISSION 110 Q STREET LINCOLN, NE 685082345	47-0723542	501(C)3		134,291	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FIRST ASSEMBLY OF GOD - PERRYVILLE 1324 W GRAND AVE PERRYVILLE, MO 637751684	43-1288379	501(C)3		10,554	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PLEASANT HOPE AG 5636 HIGHWAY H PLEASANT HOPE, MO 65725	38-3792018	501(C)3		10,853	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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PLEASANT PLAINS FIRST AG INC PO BOX 224 PLEASANT PLAINS, AR 725680224	46-4942001	501(C)3		17,924	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
PLEASANT VIEW BAPTIST 242 PLEASANT VIEW RD HIGHLANDVILLE, MO 65669	04-3766761	501(C)3		5,519	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 55404	23-7232208	501(C)3		42,239	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PROJECT PLASE INC 3549 OLD FREDERICK ROAD 3601 BALTIMORE, MD 212293828	23-7367331	501(C)3		36,776	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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RED CROSS - SPRINGFIELD 1545 N WEST BYPASS SPRINGFIELD, MO 65803	53-0196604	501(C)3		10,732	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ROD BAKER MINISTRIES PO BOX 701286 TULSA, OK 741701286	73-1610281	501(C)3		1,956,038	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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ROSE BUD ASSEMBLY OF GOD PO BOX 214 ROSE BUD, AR 721370214	82-0562795	501(C)3		25,093	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RURAL COMPASSION 330 S PATTERSON AVENUE SPRINGFIELD, MO 65802	20-0870007	501(C)3		4,389,412	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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RUTH PAZ FOUNDATION 17 WAERLY PL DESTREHAN, LA 700472127	72-1411723	501(C)3		2,154,556	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SAM CARE INT'L 1309 W VALENCIA DR A FULLERTON, CA 92833	92-0185626	501(C)3		340,200	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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SAMMY'S WINDOW 509 S CAVALIER SPRINGFIELD, MO 65802	43-1895965	501(C)3		31,755	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
SAN JACINTO COMMUNITY COLLEGE FOUNDATION PASEDNA TEXAS 4624 FAIRMONT PARKWAY NO 212 PASADENA, TX 775043323	76-0502278	170(B)(1)(A)(VI)		6,650	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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SOUTHWEST CENTER FOR INDEPENDENT LIVING (SCIL) 2864 NETTLETON SPRINGFIELD, MO 658075970	43-1383616	501(C)3		17,976	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SERVE 68 242 CONIFER ST FT COLLINS, CO 80524	46-1737255	501(C)3		48,376	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVE THE PEOPLE 12065 17TH ST SANTA ANA, CA 92701	27-0421556	501(C)3		2,322,165	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SEYMOUR LIFE CHURCH PO BOX 460 SEYMOUR, MO 657460460	43-1141931	501(C)3		5,837	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE OUR SELVES CORPORATION 1550 SUPERIOR AVENUE COSTA MESA, CA 926273653	81-3076983	501(C)3		36,930	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SHILOH D CENTER 2099 THOMAS RD MEMPHIS, TN 38134	83-0471038	501(C)3		393,874	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIKESTON FIRST ASSEMBLY OF GOD 306 S KINGSHIGHWAY ST SIKESTON, MO 638012948	43-0827747	501(C)3		6,373	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
SOLID ROCK ASSEMBLY DBA GENERAL COUNCIL OF THE ASSEMBLIES OF GOD 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	44-0577787	501(C)3		47,463	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLID ROCK FARMINGTON 126 HOLLY TREE LANE FARMINGTON, MO 63640	43-1542115	501(C)3		7,419	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SOULFIRE MINISTRIES PO BOX 342 ASH GROVE, MO 656040342	45-2572428	501(C)3		11,586	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION 555 BERGEN AVENUE BRONX, NY 10455	13-2736022	501(C)3		38,207	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
SOUTHERN CRESCENT RESOURCE MINISTRY 112 PARK WEST DRIVE MCDONOUGH, GA 35252	58-2097740	501(C)3		1,076,336	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHPOINTE CHRISTIAN CENTER 7520 STOCKTON BLVD SACRAMENTO, CA 95823	94-2717602	501(C)3		26,471	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SPRINGFIELD VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1592707	501(C)3		283,592	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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TABERNACLE OF GOD MINISTRIES 507 N 9TH AVE DILLON, SC 29536	57-0956069	501(C)3		596,211	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE COMMUNITY PANTRY 1130 E HASLER VALLEY ROAD GALLUP, NM 87301	85-0460193	501(C)3		118,800	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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THE FAITH CENTER INC 4600 N ROYAL ATLANTA DR TUCKER, GA 300843830	26-2561367	501(C)3		53,264	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE GATHERING TREEEDEN VILLAGE PO BOX 2364 SPRINGFIELD, MO 65801	46-1371575	501(C)3		35,340	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JAMES NETWORK 1312 E 310TH ROAD FLEMINGTON, MO 656509568	32-0437714	501(C)3		13,077	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE KITCHEN INC 1630 N JEFFERSON AVE SPRINGFIELD, MO 658032819	43-1384531	501(C)3		56,151	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY NATIONAL CORP (COLUMBIA) 615 SLATERS LN ALEXANDRIA, VA 223141112	22-2406433	501(C)3		16,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (JEFFERSON CITY) 615 SLATERS LN ALEXANDRIA, VA 223141112	22-2406433	501(C)3		12,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY NATIONAL CORP (JOPLIN) 615 SLATERS LN ALEXANDRIA, VA 223141112	22-2406433	501(C)3		48,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (KC) 615 SLATERS LN ALEXANDRIA, VA 223141112	22-2406433	501(C)3		72,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY NATIONAL CORP (SPRINGFIELD MO) 615 SLATERS LN ALEXANDRIA, VA 223141112	22-2406433	501(C)3		76,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (STLOUIS) 615 SLATERS LN ALEXANDRIA, VA 223141112	22-2406433	501(C)3		206,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROSA RESIDENTIAL INC 1820 JAMES STREET DURHAM, NC 277072024	54-2189695	501(C)3		37,648	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRINITY CHURCH 17801 NW 2ND AVE MIAMI, FL 331695029	59-1201093	501(C)3		45,196	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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TRINITY FAITH CHURCH PO BOX 1864 LIBERAL, KS 679051864	48-0943372	501(C)3		9,436	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
UNION MISSION PCG 607 4TH ST MENA, AR 719530127	71-0767210	501(C)3		6,753	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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VALLEY FOOD BANK DBA RESCURE MISSION ALLIANCE 315 NORTH A STREET OZNARD, CA 93030	23-7278002	501(C)3		15,865	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT
VIBRANT CHURCH ASSEMBLY OF GOD INC 2025 WILLISTON RD SOUTH BURLINGTON, VT 05403	03-0261577	501(C)3		6,000	FMV	FOOD AND SUPPLIES	PROGRAM FULLFUMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VULCAN ASSEMBLIES OF GOD DBA GENERAL COUNCIL OF THE ASSEMBLIES OF GOD 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	44-0577787	501(C)3		5,166	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SEEK YE THE WAY OF THE CROSS MINISTRY INC 1003 E TAFT AVENUE HARLINGEN, TX 785507502	74-2585510	501(C)3		2,854,260	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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

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WE CARE FOR ALL 4700 STEELE DRIVE HAMPTON, GA 30228	58-2553019	501(C)3		1,298,577	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WESTSIDE FAMILY LIFE CENTER 1274 CR 5270 WILLOW SPRINGS, MO 65793	43-2036916	501(C)3		9,400	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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WILLOW SPRINGS WEST SIDE FAMILY CENTER 1274 CO RD 5270 WILLOW SPRINGS, MO 65793	43-2036916	501(C)3		16,707	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WOMEN HELPING WOMEN INC 2803 MCGAW AVE IRVINE, CA 92614	33-0576900	501(C)3		6,537	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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WORD OF GRACE ASSEMBLY OF GOD CHURCH 2909 HIGHWAY 278 E HOPE, AR 718016251	20-1245864	501(C)3		22,316	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WORD OF LIFE NAZARENE 12 HOFFERT ST UNION, MO 63084	47-2641169	501(C)3		5,685	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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WORLD HELP 1148 CORPORATE PARK DRIVE FOREST, VA 24551	54-1615454	501(C)3		121,100	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
YEARUP 45 MILK STREET BOSTON, MA 02109	04-3534407	501(C)3		62,819	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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

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ASSEMBLIES OF GOD FAMILY SERVICES INC DBA COMPACT FAMILY SERVICES 2325 MALVERN AVE HOT SPRINGS, AR 719018037	20-5112679	501(C)3	100,020				PROGRAM FULLFUMENT
ASSEMBLIES OF GOD US MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	44-0577787	501(C)3	70,470				PROGRAM FULLFUMENT

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ASSEMBLIES OF GOD WORLD MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	44-0577787	501(C)3	309,518				PROGRAM FULLFUMENT
BETHLEHEM ASSEMBLY OF GOD 188 ROCKAWAY AVE STE 192 VALLEY STREAM, NY 115805824	11-2697211	501(C)3	20,000				PROGRAM FULLFUMENT

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

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BRIDGE NETWORKS DBA CONVOY OF HOPE DETROIT 8300 N HIX RD WESTLAND, MI 481857609	46-4191967	501(C)3	25,646				PROGRAM FULLFILLMENT
BRIGHTMOOR CHRISTIAN CHURCH DBA THE GENERAL COUNCIL OF THE ASSEMBLIES OF G 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	44-0577787	501(C)3	48,489				PROGRAM FULLFILLMENT

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

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CASA DE DIOS CENTRO DE AVIVAMIENTO 3402 AYERS ST CORPUS CHRISTI, TX 784154610	33-1044549	501(C)3	7,000				PROGRAM FULLFUMENT
CENTRAL CHURCH OF THE NAZARENE 1261 W BRISTOL RD FLINT, MI 485075540	38-2062567	501(C)3	14,982				PROGRAM FULLFUMENT

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CROSSROADS COMMUNITY CHURCH INC OF AVON PARK AKA CROSSROADS COMMUNITY CHUR 114 S CENTRAL AVE AVON PARK, FL 338253604	65-1113782	501(C)3	7,000				PROGRAM FULLFUMENT
CROSSWINDS CHURCH 1660 FREISMAN RD LIVERMORE, CA 945518406	68-0161634	501(C)3	8,500				PROGRAM FULLFUMENT

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

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EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 658022125	44-0589787	501(C)3	16,404				PROGRAM FULLFILLMENT
FAITH TABERNACLE CHURCH 2147 PURDUE AVE LOS ANGELES, CA 900256215	95-3618605	501(C)3	24,000				PROGRAM FULLFILLMENT

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FIRST ASSEMBLY OF GOD ATTN REV BRUCE FRAZIER813 E LAUREL STREET ROCKPORT, TX 78382	74-6185652	501(C)3	7,513				PROGRAM FULLFULLMENT
FIRST ASSEMBLY OF GOD AKA SEBRING FIRST ASSEMBLY OF GOD 4301 KENILWORTH BLVD SEBRING, FL 338704526	59-1861991	501(C)3	7,000				PROGRAM FULLFULLMENT

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

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GENERAL COUNCIL OF THE ASSEMBLIES OF GOD 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	44-0577787	501(C)3	65,160				PROGRAM FULLFUMENT
HARVEST FELLOWSHIP OF ALBUQUERQUE 5331 MONTANO RD NW ALBUQUERQUE, NM 871202310	85-0385359	501(C)3	21,924				PROGRAM FULLFUMENT

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

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INDIANA DISTRICT ASSEMBLIES OF GOD 8750 PURDUE RD INDIANAPOLIS, IN 462681120	35-0996141	501(C)3	23,106				PROGRAM FULLFUMENT
LAGRANGE CHRISTIAN ASSEMBLY INC 5707 WOLF RD LA GRANGE HIGHLANDS, IL 605253363	23-7451118	501(C)3	10,000				PROGRAM FULLFUMENT

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

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MISSION OF HOPE HAITI PO BOX 720518 OKLAHOMA CITY, OK 731720518	13-4207776	501(C)3	972,230				PROGRAM FULLFUMENT
NEW BEGINNINGS PORT LAVACA 301 ALCOA DR PORT LAVACA, TX 779793603	74-2250259	501(C)3	7,000				PROGRAM FULLFUMENT

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

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NEW DAY CHRISTIAN FELLOWSHIP 102 E 6TH STREET SUITE 201 CORINA, CA 92879	80-0403816	501(C)3	5,000				PROGRAM FULLFILLMENT
NORTH CAROLINA ASSEMBLIES OF GOD PO BOX 459 SELMA, NC 275760459	56-0810041	501(C)3	56,000				PROGRAM FULLFILLMENT

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

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PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLY OF GOD INC 1437 E MEMORIAL BLVD LAKELAND, FL 338012131	59-0782460	501(C)3	10,000				PROGRAM FULLFUMENT
PUERTO RICO DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD SANTA MONICA 3 STREET BAYAMON RQ	66-0428649	501(C)3	85,588				PROGRAM FULLFUMENT

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

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TEMPLO ELIM ASSEMBLY OF GOD OF CORPUS CHRISTI PO BOX 7707 CORPUS CHRISTI, TX 784677707	32-0190324	501(C)3	7,000				PROGRAM FULLFUMENT
VINEYARD CHURCH 12300 NW ARROWHEAD TRFY KANSAS CITY, MO 641651026	43-1592707	501(C)3	18,614				PROGRAM FULLFUMENT

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

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WITNESS AS MINISTRY 2271 LAKE AVE UNIT 6286 ALTADENA, CA 910037038	46-2364153	501(C)3	566,574				PROGRAM FULLFUMENT
CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVENUE SPRINGFIELD, MO 65802	46-2845781	501(C)3	211,246				SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 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>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

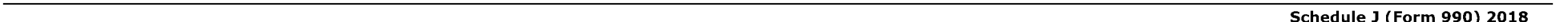
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HAL DONALDSON PRESIDENT	(i)	232,626 -----	56,537 -----	0 -----	24,500 -----	23,266 -----	336,929 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 KREGG HOOD SR VP AND CBO	(i)	165,143 -----	25,200 -----	0 -----	0 -----	9,127 -----	199,470 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 KEITH BOUCHER SENIOR VP AND COO	(i)	171,612 -----	25,200 -----	0 -----	24,500 -----	15,556 -----	236,868 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 RICK WAGGONER VP-DEVELOPMENT	(i)	141,840 -----	20,800 -----	0 -----	17,345 -----	23,040 -----	203,025 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 DANIEL CLARK JR VP-PARTNER DEVELOPMENT	(i)	150,885 -----	27,172 -----	0 -----	0 -----	2,448 -----	180,505 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 CHRIS SONKSEN FORMER DIRECTOR	(i)	101,338 -----	5,275 -----	0 -----	0 -----	0 -----	106,613 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE PRESIDENT, SELECT BOARD MEMBERS, AND SELECT EXECUTIVE STAFF WERE PROVIDED COMPANION TRAVEL AND/OR FIRST-CLASS OR CHARTER TRAVEL FOR DEVELOPMENT AND PROGRAM EVENTS WHERE THERE IS A DOCUMENTED, BONA FIDE BUSINESS PURPOSE (AS DETERMINED BY REFERENCE TO INTERNAL REVENUE SERVICE GUIDANCE) FOR THE COMPANION TRAVEL, THE AMOUNT WAS DETERMINED TO BE NON-TAXABLE TO THE EMPLOYEE. IN INSTANCES WHERE A DOCUMENTED, BONA FIDE BUSINESS PURPOSE WAS NOT DETERMINED, THE TRAVEL IS TAXABLE TO THE EMPLOYEE.



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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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

Part V Supplemental Information

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

Return Reference	Explanation

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
DOREE DONALDSON	WIFE OF CEO, HAL DONALDSON	75,367	EMPLOYEE COMP AND BENEFITS		No
ELLIOT BOUCHER	SON OF COO, KEITH BOUCHER	22,737	EMPLOYEE COMP AND BENEFITS		No

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
LINDSAY DONALDSON	DAUGHTER OF CEO, HAL DONALDSON	50,381	EMPLOYEE COMP AND BENEFITS		No
HAROLD SALLEE	FATHER-IN-LAW OF BOARD SECRETARY, BRAD TRASK	14,887	EMPLOYEE COMP AND BENEFITS		No

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
RUSSELL HURST	SON OF BOARD MEMBER, RANDY HURST	49,317	EMPLOYEE COMP AND BENEFITS		No
DANIEL CLARK SR	FATHER OF KEY EMPLOYEE, DANIEL CLARK JR	35,506	EMPLOYEE COMP AND BENEFITS		No

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
ERIN RAE DONALDSON	DAUGHTER OF CEO, HAL DONALDSON	27,361	EMPLOYEE COMP AND BENEFITS		No
JANNA NOONAN	WIFE OF KEY EMPLOYEE, KIRK NOONAN	21,350	EMPLOYEE COMPENSATION		No

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
DONNA CLARK	MOTHER OF KEY EMPLOYEE, DANIEL CLARK JR	15,311	EMPLOYEE COMP AND BENEFITS		No
JON FRENCH	BROTHER-IN-LAW OF KEY EMPLOYEE, DANIEL CLARK JR	15,412	EMPLOYEE COMP AND BENEFITS		No

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
BONNIE MILLS	WIFE OF BOARD MEMBER, OSSIE MILLS	51,852	EMPLOYEE COMP AND BENEFITS		No
RICK WAGGONER	NEPHEW OF CEO, HAL DONALDSON	179,985	EMPLOYEE COMP AND BENEFITS		No

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
MATT METZGER	NEPHEW OF CEO, HAL DONALDSON	73,918	EMPLOYEE COMP AND BENEFITS		No
MORGAN NOONAN	NIECE OF KEY EMPLOYEE, KIRK NOONAN	3,247	EMPLOYEE COMP AND BENEFITS		No

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
LISA RICH	WIFE OF KEY EMPLOYEE, RANDY RICH	37,545	EMPLOYEE COMP AND BENEFITS		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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		7,640,105	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	30	991,071	STOCK MARKET QUOTES
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	119	5,631,698	FMV
20 Drugs and medical supplies	X	13	115,450	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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** 41

	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
PART I, LINE 32B	COLUMN B REPORTS THE NUMBER OF CONTRIBUTIONS

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS MR DONALDSON, MR BOUCHER, MS TOUNGER, MR HURST, MR MILLS AND MR COREY HAVE A FAMILY RELATIONSHIP KEY EMPLOYEES RICK WAGGONER AND DANIEL CLARK HAVE A BUSINESS RELATIONSHIP MS LOGSDON, MR CRIBBS, MR CARTER, MR WICKRAMARATNE HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	NO COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 COMMITTEE'S ROLE DURING 2018. THE PROCESS OF DELIBERATION AND DETERMINATION OF THE COMPENSATION IS DOCUMENTED IN MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIAL STATEMENTS, FORMS 990 AND 990-T ARE POSTED ON THE ORGANIZATIONS WEBS ITE THE FORM 1023, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE MADE AVA ILABLE UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Employer identification number

68-0051386

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ASPER COH INVESTMENT HOLDINGS LLC 330 S PATTERSON AVE SPRINGFIELD, MO 65802 30-0756967	INVESTMENTS	DE	1,855,246	3,560,469	COH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVE SPRINGFIELD, MO 65802 46-2845781	SUPPORT	DE	501(C)(3)	LINE 12A, I	CONVOY OF HOPE	Yes	
(2) COH CORPORATION 331 S PATTERSON AVE SPRINGFIELD, MO 65802 46-2840126	SUPPORT	DE	501(C)(3)	LINE 12A, I	CONVOY OF HOPE	Yes	

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONVOY OF HOPE FOUNDATION	B	211,246	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation