

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONVOY OF HOPE		D Employer identification number 68-0051386
	Doing Business As		E Telephone number 417-823-8998
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 60,310,638.
	330 S. PATTERSON		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 65802		H(c) Group exemption number ▶	
F Name and address of principal officer: HAL DONALDSON SAME AS C ABOVE			
J Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CONVOYOFHOPE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONVOY OF HOPE IS A FAITH BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 80
	6 Total number of volunteers (estimate if necessary) 6 41000
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 287,672.
b Net unrelated business taxable income from Form 990-T, line 34 7b 224,794.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 45,049,806. Prior Year 59,354,946. Current Year
	9 Program service revenue (Part VIII, line 2g) 186,349. 143,143.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 104,618. 1,314.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 315,287. 310,062.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,656,060. 59,809,465.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 25,317,905. 17,037,331.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,295,527. 4,245,091.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 174,811. 181,779.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,126,858.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18,276,907. 30,751,994.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 47,065,150. 52,216,195.
19 Revenue less expenses. Subtract line 18 from line 12 -1,409,090. 7,593,270.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 17,040,552. Beginning of Current Year 24,595,702. End of Year
	21 Total liabilities (Part X, line 26) 4,229,698. 4,191,578.
	22 Net assets or fund balances. Subtract line 21 from line 20 12,810,854. 20,404,124.

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 8/15/11			
	MARK METZGER, CFO Type or print name and title				
Paid	Print/Type preparer's name GREGORY W. BUSH	Preparer's signature	Date 8/15/11	Check if self-employed <input type="checkbox"/>	PTIN
Preparer Use Only	Firm's name ▶ BUSH, RAMLOW & SHORE, PC	Firm's EIN ▶		Phone no. 417-877-0505	
	Firm's address ▶ 2832 S INGRAM MILL RD, STE 100 SPRINGFIELD, MO 65804				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CONVOY OF HOPE IS A FAITH BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH CHILDRENS' FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER RESPONSE, AND PARTNER RESOURCING.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 18,774,370. including grants of \$ 626,458.) (Revenue \$) GLOBAL DISASTER RESPONSE: THROUGH ITS INITIAL RESPONSE TEAMS, FLEET OF TRACTOR-TRAILERS, 300,000 SQUARE FOOT WORLD DISTRIBUTION CENTER AND ON-THE-GROUND PARTNERS, THE ORGANIZATION QUICKLY AND EFFECTIVELY PROVIDES RESOURCES INCLUDING WATER, ICE, FOOD, SHELTER, AND EMERGENCY SUPPLIES TO SURVIVORS OF DISASTERS. DURING 2010, CONVOY OF HOPE RESPONDED GLOBALLY TO 13 MAJOR DISASTERS. THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 150 LOADS OF DISASTER RELIEF SUPPLIES TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 6 STATES AND 6 COUNTRIES, WHILE PARTNERING WITH OVER 140 ORGANIZATIONS (UNAUDITED).

4b (Code:) (Expenses \$ 16,599,106. including grants of \$ 15,619,822.) (Revenue \$) PARTNER RESOURCING: THROUGH COLLABORATION WITH OTHER LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS REACH BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS. DURING 2010, MORE THAN 7.7 MILLION PEOPLE WERE TOUCHED THROUGH THE DISTRIBUTION OF OVER \$39 MILLION OF FOOD, WATER, AND OTHER RELIEF SUPPLIES. IN ADDITION, CONVOY OF HOPE PROVIDED SUPPLY LINE LOADS TO OVER 45 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED).

4c (Code:) (Expenses \$ 9,287,602. including grants of \$ 695,342.) (Revenue \$) CHILDREN'S FEEDING INITIATIVES: THE ORGANIZATION NOT ONLY PROVIDES MEALS, BUT ALSO CREATES SUSTAINABLE SOLUTIONS TO HELP ERADICATE POVERTY AND HUNGER THROUGH NUTRITION, CLEAN AND SAFE WATER, AGRICULTURAL INITIATIVES, HEALTHY LIVING ENVIRONMENTS, AND EDUCATION. DURING 2010, CONVOY OF HOPE'S CHILDREN'S FEEDING INITIATIVES PROVIDED FOOD FOR MORE THAN 34,000 KIDS EVERY DAY IN 6 COUNTRIES. CONVOY OF HOPE IS COMMITTED TO TAKING A HOLISTIC APPROACH TO FEEDING KIDS BY NOT ONLY PROVIDING IMMEDIATE FOOD SECURITY, BUT ALSO TEACHING AND TRAINING BEST NUTRITION AND HYGIENE PRACTICES, ASSISTING IN SMALL-SCALE AGRICULTURAL ENDEAVORS AND DISTRIBUTING WATER FILTERS TO EACH COMMUNITY WE WORK IN. IN DOING THIS, CONVOY OF HOPE DISTRIBUTED MORE THAN 2,000 WATER FILTERS, 100 SEED PACKS AND MORE THAN 350 SCHOOL

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,233,846. including grants of \$ 95,709.) (Revenue \$)

4e Total program service expenses 46,894,924.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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, AR, AZ, KY, MI, MN, MS, NC, ND, NH, PA, TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARK METZGER - (417) 823-8998**
330 S. PATTERSON, SPRINGFIELD, MO 65802

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
MIKE MESSNER VICE CHAIR	10.00	X					20,000.	0.	0.	
BOB CLAY SECRETARY	1.00	X					0.	0.	0.	
MIKE MCCLAFLIN CHAIR	1.00	X					0.	0.	0.	
BARRY COREY, PH.D. BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID CRIBBS BOARD MEMBER	1.00	X					0.	0.	0.	
GERRY HINDY BOARD MEMBER	1.00	X					0.	0.	0.	
BRAD TRASK TREASURER	1.00	X					0.	0.	0.	
RANDY HURST BOARD MEMBER	1.00	X					0.	0.	0.	
SCOTT WYNANT BOARD MEMBER	1.00	X					0.	0.	0.	
COURT DURKALSKI BOARD MEMBER	1.00	X					0.	0.	0.	
DOMINICK GARCIA BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL KERN BOARD MEMBER	1.00	X					0.	0.	0.	
HUGH "OSSIE" MILLS BOARD MEMBER	1.00	X					0.	0.	0.	
BRAD ROSENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
HAL DONALDSON PRESIDENT/EX OFFICIO	40.00			X			149,330.	0.	67,359.	
MARK METZGER CHIEF FINANCIAL OFFICER	40.00			X			87,991.	0.	15,087.	
JIM BATTEN EXEC VICE PRESIDENT	40.00			X			164,300.	0.	14,809.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	428,308.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	58926638.			
	g	Noncash contributions included in lines 1a-1f: \$		40297051.			
	h	Total. Add lines 1a-1f		59354946.			
	Program Service Revenue	2 a	3RD PARTY SUPPLY LINE	Business Code 480000	143,143.		143,143.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		143,143.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		148,658.		148,658.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	577,361.			
		Less: rental expenses	(ii) Personal	289,689.			
		Rental income or (loss)		287,672.			
	d	Net rental income or (loss)		287,672.		287,672.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other	64,140.			
		Gain or (loss)		211,484.			
		Net gain or (loss)		-147,344.		-147,344.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISC. REVENUE-RELATED-	900099	21,355.	21,355.			
b	MERCHANDISE INCOME	900099	1,035.	1,035.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		22,390.				
12	Total revenue. See instructions.		59809465.	-124,954.	287,672.	291,801.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	16,072,826.	16,072,826.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	964,505.	964,505.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	522,531.		522,531.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	139,222.	17,783.	6,750.	114,689.
7 Other salaries and wages	2,787,063.	1,125,966.	718,388.	942,709.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	69,772.	27,922.	24,000.	17,850.
9 Other employee benefits	611,044.	262,964.	165,457.	182,623.
10 Payroll taxes	115,459.	39,546.	37,271.	38,642.
11 Fees for services (non-employees):				
a Management	17,575.		17,575.	
b Legal	21,541.	7,830.	13,711.	
c Accounting	25,314.	314.	25,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	181,779.			181,779.
f Investment management fees				
g Other	314,935.	168,739.	25,847.	120,349.
12 Advertising and promotion	66,907.	19,170.	27,092.	20,645.
13 Office expenses	655,117.	333,931.	80,051.	241,135.
14 Information technology	30,207.		30,207.	
15 Royalties				
16 Occupancy	141,172.	29,062.	111,507.	603.
17 Travel	1,300,591.	646,697.	60,914.	592,980.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,534.	35,019.	27,587.	42,928.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	507,663.	407,770.	59,975.	39,918.
23 Insurance	146,391.	50,116.	94,233.	2,042.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FEDERAL INCOME TAXES	88,120.		88,120.	
b RELIEF AND SUPPLIES	24,900,307.	24,895,758.	4,549.	
c SHIPPING - OUTBOUND	1,558,530.	1,558,530.		
d SPECIAL EVENTS	574,827.			574,827.
e EQUIPMENT REPAIRS AND R	163,565.	118,507.	42,615.	2,443.
f All other expenses	133,698.	111,969.	11,033.	10,696.
25 Total functional expenses. Add lines 1 through 24f	52,216,195.	46,894,924.	2,194,413.	3,126,858.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,500.	1	2,100.	
	2 Savings and temporary cash investments	3,084,846.	2	9,317,691.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	207,877.	4	257,242.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	5,503,286.	8	6,560,311.	
	9 Prepaid expenses and deferred charges	38,221.	9	115,898.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,280,379.			
	b Less: accumulated depreciation	10b 4,256,040.	8,105,660.	10c	8,024,339.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	98,162.	15	318,121.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,040,552.	16	24,595,702.		
Liabilities	17 Accounts payable and accrued expenses	324,544.	17	579,877.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,500.	21	22,698.	
	22 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	3,903,654.	23	3,589,003.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	4,229,698.	26	4,191,578.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,947,119.	27	7,503,357.	
	28 Temporarily restricted net assets	5,863,735.	28	12,900,767.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	12,810,854.	33	20,404,124.	
34 Total liabilities and net assets/fund balances	17,040,552.	34	24,595,702.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,809,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,216,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,593,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,810,854.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,404,124.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24681547.	32958182.	43448905.	45049806.	59354946.	205493386
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	24681547.	32958182.	43448905.	45049806.	59354946.	205493386
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						205493386

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	24681547.	32958182.	43448905.	45049806.	59354946.	205493386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	206,393.	266,979.	232,214.	104,618.	148,658.	958,862.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	120,570.	208,189.	267,152.	306,388.	287,672.	1189971.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,381.	28,594.	28,510.	7,715.	21,355.	99,555.
11 Total support. Add lines 7 through 10						207741774
12 Gross receipts from related activities, etc. (see instructions)					12	1,077,613.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.92	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.95	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number of easements, total acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|---------|
| c Beginning balance | 1,500. |
| d Additions during the year | 26,698. |
| e Distributions during the year | 5,500. |
| f Ending balance | 22,698. |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 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 | | |
| (ii) related organizations | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		733,000.		733,000.
b Buildings		7,043,820.	1,939,533.	5,104,287.
c Leasehold improvements				
d Equipment		4,489,576.	2,316,507.	2,173,069.
e Other		13,983.		13,983.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,024,339.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	59,809,465.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,216,195.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	7,593,270.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,593,270.

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

1	Total revenue, gains, and other support per audited financial statements	1	61,282,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,035,705.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	289,689.
e	Add lines 2a through 2d	2e	1,325,394.
3	Subtract line 2e from line 1	3	59,956,809.
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 XIV.)	4b	-147,344.
c	Add lines 4a and 4b	4c	-147,344.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	59,809,465.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	53,688,933.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,035,705.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	289,689.
e	Add lines 2a through 2d	2e	1,325,394.
3	Subtract line 2e from line 1	3	52,363,539.
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 XIV.)	4b	-147,344.
c	Add lines 4a and 4b	4c	-147,344.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	52,216,195.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B: WHILE THE ORGANIZATION DID NOT SERVE AS A CUSTODIAN OR

HOLD ESCROW ACCOUNT LIABILITY, UNDER FAS136 CONVOY OF HOPE COLLECTED

\$26,698 OF FUNDS COLLECTED ON BEHALF OF OTHERS DURING 2010, \$5,500 OF

WHICH WAS PAID OUT PRIOR TO YEAR END AND A \$22,698 LIABILITY REMAINED ON

THE BALANCE SHEET AT 12/31/10.

PART X, LINE 2: IN ACCORDANCE WITH THE PROVISIONS ASSOCIATED WITH

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THE

Part XIV Supplemental Information (continued)

ORGANIZATION'S TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, AND BELIEVES IT HAS TAKEN NO UNCERTAIN TAX POSITION THAT WOULD REQUIRE AN ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

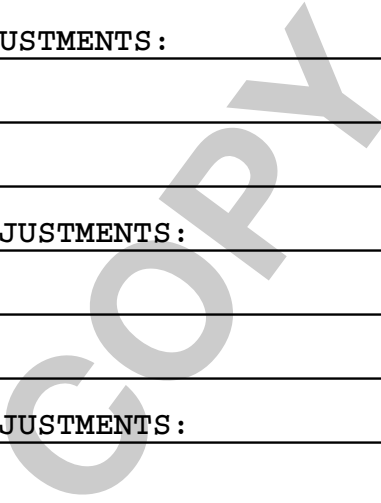
LOSS ON DISPOSAL OF ASSETS

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS



**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

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.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	22	MAJOR DONOR FUNDRAISING TRIPS, PROGRAM SERVICES & GRANTS	DEVELOPMENT/FEEDING INITIATIVES, DISASTER RESPONSE, OUTREACH & PARTNER RESOURCING	24,054,868.
EAST ASIA AND THE PACIFIC	0	1	MAJOR DONOR FUNDRAISING TRIPS, PROGRAM SERVICES & GRANTS	DISASTER RESPONSE AND SUPPLY LINES	860,119.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	MAJOR DONOR FUNDRAISING TRIPS, PROGRAM SERVICES & GRANTS	OUTREACH & PARTNER RESOURCING	445,392.
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	PARTNER RESOURCING	183,485.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE & PARTNER RESOURCING	56,579.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	OUTREACH	40,470.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE	86,321.
SOUTH ASIA	0	0	PROGRAM SERVICES & GRANTS	DISASTER RESPONSE, OUTREACH & PARTNER RESOURCING	217,457.
3 a Sub-total	1	28			25,944,691.
b Total from continuation sheets to Part I	0	11			1,040,194.
c Totals (add lines 3a and 3b)	1	39			26,984,885.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

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. Check this box if no one recipient 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)
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	253,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	250,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	120,000.	CASH DISBURSEMENT	0.		
		SUB-SAHARAN AFRICA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	20,000.	CASH DISBURSEMENT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	17,667.	CASH DISBURSEMENT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	15,800.	WIRE TRANSFER	0.		
		SOUTH ASIA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	0.		233,640.	FOOD AND SUPPLIES	FAIR VALUE

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 10

3 Enter total number of other organizations or entities 0

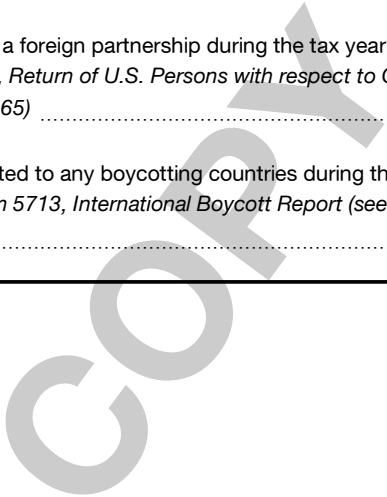
Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	0.		28,112.	FOOD AND SUPPLIES	FAIR VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	0.		15,786.	FOOD AND SUPPLIES	FAIR VALUE

COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2010



Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, 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 INTERNATIONAL DEPARTMENT SCREENS RECIPIENT ORGANIZATIONS AND COMPLETES RANDOM COUNTRY VISITS TO MONITOR THE USE OF GRANTS AND OUTCOMES.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate 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 operate 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 operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BERKEY, BRENDLE, SHELINE
 (I) ADDRESS OF FUNDRAISER: 130 SPRINGSIDE DRIVE, STE 300, AKRON, OH 44333

SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISING EXPENSES AND

REIMBURSEMENTS REPORTED INCLUDE FIXED MONTHLY CONSULTING FEES PLUS

REIMBURSABLE OUT OF POCKET TRAVEL EXPENSES, AS WELL AS, FUNDRAISING APPEAL PREPARATION SERVICE COSTS WHICH EXCLUDE SUCH THINGS AS POSTAGE,

Part IV Supplemental Information (continued)

FREIGHT, AND ENVELOPES. CONSULTANTS DO NOT SOLICIT AND DO NOT AT ANY
TIME HAVE CUSTODY OR CONTROL OF DONATIONS.

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CONVOY OF HOPE

**Employer identification number
68-0051386**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD AND AFFILIATES - 1445 NORTH BOONVILLE AVENUE - SPRINGFIELD, MO 65802	44-0577787	501(C)3	370,293.	0.			AG MISSIONARY FUNDING AND SUPPORT
NATIONAL HISPANIC CHRISTIAN LEADERSHIP CONFERENCE - PO BOX 293389 - SACRAMENTO, CA 95829	72-0928408	501(C)3	44,792.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SHREVEPORT COMMUNITY CHURCH PO BOX 97100 SHREVEPORT, LA 71149	37-1522688	501(C)3	20,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
VINEYARD CHURCH 12300 NW ARROWHEAD TRAFFICWAY KANSAS CITY, MO 64165	43-1592707	501(C)3	19,557.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHILDREN'S HUNGER FUND 12820 PIERCE STREET PACOIMA, CA 91331	95-4335462	501(C)3	0.	46,826.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRISTIAN ACTION MINISTRIES 202 B BAUGHN STREET BRANSON, MO 65616	43-1355905	501(C)3	0.	32,393.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

- 2** Enter total number of section 501(c)(3) and government organizations **27.**
- 3** Enter total number of other organizations **25.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY FELLOWSHIP 5708 AIRLINE DRIVE METAIRIE, LA 70003	44-0577787	501(C)3	13,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
COMPASSION COALITION 509 LAFAYETTE STREET UTICA, NY 13502	16-1579336	CORP	0.	1,889,918.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MIN MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FARM SHARE INC 14125 SW 320TH STREET HOMESTEAD, FL 33033	65-0342192	501(C)3	0.	1,008,780.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FIRST ASSEMBLY OF GOD 150 HIGHWAY 3185 THIBODAU, LA 70301	72-0928408	501(C)3	13,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE COMMUNITY CHURCH 2121 S BLACKMAN RD SPRINGFIELD, MO 65809	43-1660040	501(C)3	12,154.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HEART OF COMPASSION 600 S MAPLE AVE MONTEBELLO, CA 90640	42-1573926	CORP	0.	1,153,431.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SAMARITAN'S FEET OF HOPE PO BOX 78992 CHARLOTTE, NC 28277	14-1880905	501(C)3	5,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
BETHESDA MISSION 2101 N FRONT STREET, BLDG 1, STE 30 HARRISBURG, PA 17110	23-1389397	CORP	0.	225,940.	FMV	FOOD AND SUPPLIES	M MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE DISTRIBUTORS 305 S LINCOLN STREET LOWELL, AR 72745	27-0381844	501(C)3	0.	309,935.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CALVARY TEMPLE/NINEVAH OUTREACH 1601 COFFEE ROAD MODESTO, CA 95355	94-1294940	CORP	0.	180,768.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
KIDS ACROSS AMERICA FOUNDATION 1429 LAKESHORE DRIVE BRANSON, MO 65616	43-1348373	CORP	0.	65,999.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CAMPUS CRUSADE FOR CHRIST, INC/HERE'S LIFE INNER CITY - 100 LAKE HART DR - ORLANDO, FL 32832	95-6006173	501(C)3	0.	262,259.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
MIDWEST FOOD BANK 1703 S VETERANS PARKWAY BLOOMINGTON, IL 61701	41-2120170	501(C)3	0.	1,482,351.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRIST IS THE ANSWER INC/OUTREACH UNLIMITED - 100 1-45 N, STE 210 - CONROE, TX 77301	37-0984385	CORP	0.	964,668.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTHERN AZ FOOD BANK/FEED MY PEOPLE CHILDREN'S CHARITIES - 15455 N GREENWAY HADEN LOOP, STE C-8 - SCOTTSDALE, AZ 85260	73-1330955	CORP	0.	182,784.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
OPERATION COMPASSION 114 STUART RD NE STE 370 CLEVELAND, TN 37312	62-1697490	501(C)3	0.	883,384.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRYSALIS SHELTER FOR VICTIMS OF DOM VIOLENCE - 1010 E MCDOWELL ROAD, STE 301 - PHOENIX, AZ 85006	86-0447620	CORP	0.	14,825.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CROSSLINES CHURCHES OF THE JOPLIN AREA, INC - 131 S HIGH - JOPLIN, MO 64804	43-1272794	CORP	0.	8,849.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EVANGEL TEMPLE CHRISTIAN CENTER/INNER CITY OUTREACH - 2020 E BATTLEFIELD - SPRINGFIELD, MO 65804	43-0972180	CORP	0.	69,757.	FMV	FOOD AND SUPPLIES	MINISTRMY FULFILL MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SPRINGFIELD VICTORY MISSION 1715 N BOONVILLE AVE SPRINGFIELD, MO 65803	43-1345089	501(C)3	0.	774,837.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FEED THE CHILDREN 333 N MERIDIAN AVE OKLAHOMA CITY, OK 73107	73-6108657	CORP	0.	58,481.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HABITAT FOR HUMANITY 2410 S SCENIC AVENUE SPRINGFIELD, MO 65807	43-1470360	CORP	0.	7,000.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HELP THE CHILDREN PO BOX 911607 LOS ANGELES, CA 90091	95-4669871	CORP	0.	106,920.	FMV	FOOD AND SUPPLIES	M MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE & ENCOURAGEMENT FOR HUMANITY 631 1/2 DEPOT ST BLISSFIELD, MI 49228	20-2676354	501(C)3	0.	1,812,085.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
KU CHI ALPHA/BREAKING CAMP CORP PO BOX 4044 LAWRENCE, KS 66046	26-3867024	CORP	0.	4,525.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
LESEA GLOBAL FEED THE HUNGRY 530 E IRELAND RD SOUTH BEND, IN 46614	32-0053249	CORP	0.	326,216.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTH POINT CHURCH 3401 W NORTON ROAD SPRINGFIELD, MO 65803	05-0574634	CORP	0.	6,714.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MARTIN LUTHER KING JR POOR PEOPLES CHURCH/HOSEA FEED THE HUNGRY - PO BOX 4672 - ATLANTA, GA 30302	58-1340903	501(C)3	0.	31,059.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NEW LIFE INTERNATIONAL/WORLD IN NEED - 103 CONTINENTAL PLACE, STE 200 - BRENTWOOD, TN 37027	58-1379188	501(C)3	0.	52,407.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NEWPORT ASSEMBLY OF GOD CHURCH INC 253 N 6TH STREET NEWPORT, PA 17074	23-1988339	501(C)3	0.	778,561.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
RICK CAYWOOD MINISTRIES 5040 BOSQUE RIDGE CRAWFORD, TX 76638	74-2914188	CORP	0.	25,443.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CORNERSTONE ASSEMBLY OF GOD 16010 ANNAPOLIS ROAD BOWIE, MD 20715	52-1129473	CORP	0.	22,072.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
RIVER OF LIFE FAMILY WORSHIP CENTER INC - 300 WEST COMMERCE STREET - FAIRFIELD, TX 75840	04-3683554	CORP	0.	407,486.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
ROD BAKER MINISTRIES PO BOX 701286 TULSA, OK 74170	73-1610281	501(C)3	0.	338,974.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
RURAL COMPASSION 1753 W HIGHWAY J #140 OZARK, MO 65721	20-0870007	501(C)3	0.	28,781.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)3	0.	83,358.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SEEK YE THE WAY OF THE CROSS MINISTRIES - 224 N F STREET - HARLINGEN, TX 78550	74-2585510	501(C)3	0.	157,122.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
THE CHURCH ARMY INC 501 5TH STREET BRANSON, MO 65616	25-1624453	CORP	0.	34,254.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
THE DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	95-1803686	CORP	0.	297,976.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
THE FOODBANK OF COVINGTON, LOUISIANA INC - 840 N COLUMBIA STREET - COVINGTON, LA 70433	72-1028539	501(C)3	0.	8,940.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
LIFE FELLOWSHIP AG 600 S JUPITER ALLEN, TX 75002	20-2721374	CORP	0.	41,511.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NEIGHBORCARE, INC. 1344 WEST BLANCO SAN ANTONIO, TX 78232		NOT AVAILABLE	0.	103,671.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTHWEST HARVEST 711 CHERRY ST SEATTLE, WA 98104	91-0826037	CORP	0.	15,269.	FMV	FOOD AND SUPPLIES	MINI MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SOUTHERN CRESCENT RESOURCE MINISTRY - 112 PARK WEST DRIVE - MCDONOUGH, GA 30253	58-2097740	501(C)3	0.	1,216,721.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
TRI-COUNTY ASSEMBLY 7350 DIXIE HIGHWAY FAIRFIELD, OH 45014	31-0870693	CORP	0.	36,184.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

LHA

Schedule I (Form 990)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: CONVOY OF HOPE MAINTAINS RELATIONSHIPS WITH
 DONOR RECIPIENTS THROUGHOUT THE YEAR AND MONITORS THEIR PROGRAM NEEDS WITH
 APPROPRIATE GIFTS IN KIND SUPPORT. CONVOY OF HOPE FULFILLMENT PERSONNEL
 SCREEN RECIPIENTS AND COMPLETE RANDOM SITE VISITS TO MONITOR THE USE OF
 GRANTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

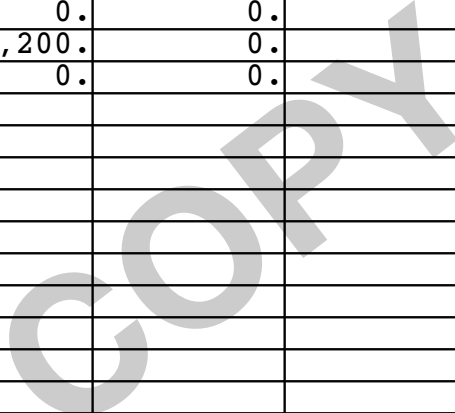
Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HAL DONALDSON	(i)	125,130.	24,200.	0.	0.	69,010.	218,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JIM BATTEN	(i)	146,100.	18,200.	0.	0.	16,508.	180,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



Part III Supplemental Information

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

PART I, LINE 1A: HOUSING ALLOWANCE OR RESIDENCE IS FOR
PERSONAL USE. WITH BOARD APPROVAL, THE PRESIDENT WAS PROVIDED A HOUSING
ALLOWANCE IN ACCORDANCE WITH CONVOY OF HOPE'S POLICY RELATED TO MINISTERS.

COPY

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
HAL DONALDSON, PRESIDENT	BROTHER OF DAVE DON	114,689.	BROTHER'S S		X
BOB CLAY, BOD SECRETARY	FATHER OF ROB CLAY,	17,783.	SON'S SALAR		X
MIKE MCCLAFLIN, BOARD MEMB	AGWM EXECUTIVE THAT	743,124.	NET MOU CON		X
RANDY HURST, BOARD MEMBER	AGWM EXECUTIVE THAT	743,124.	NET MOU CON		X
GERRY HINDY, BOARD MEMBER	PRESIDENT/CEO OF AG	6,500,000.	YE INVESTME		X
DAVID CRIBBS, BOARD MEMBER	BOD MEMBER OF AG FI	6,500,000.	YE INVESTME		X
MIKE MESSNER, BOD VICE CHA	PRESIDENT OF MICHAEL	20,000.	CONSULTING		X
RANDY HURST, BOARD MEMBER	BOD MEMBER OF ACCES	14,510.	BOOK PURCHA		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HAL DONALDSON, PRESIDENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF DAVE DONALDSON, A PAID EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 114,689.

(D) DESCRIPTION OF TRANSACTION: BROTHER'S SALARY

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BOB CLAY, BOD SECRETARY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF ROB CLAY, A PAID EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 17,783.

(D) DESCRIPTION OF TRANSACTION: SON'S SALARY

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MIKE MCCLAFLIN, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AGWM EXECUTIVE THAT SERVES ON AG RELIEF COMMITTEE

(C) AMOUNT OF TRANSACTION \$ 743,124.

(D) DESCRIPTION OF TRANSACTION: NET MOU CONTRIBUTION SHARING

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RANDY HURST, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AGWM EXECUTIVE THAT SERVES ON AG RELIEF COMMITTEE

(C) AMOUNT OF TRANSACTION \$ 743,124.

(D) DESCRIPTION OF TRANSACTION: NET MOU CONTRIBUTION SHARING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GERRY HINDY, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/CEO OF AG FINANCIAL SOLUTIONS (INVESTMENT FIRM)

(C) AMOUNT OF TRANSACTION \$ 6,500,000.

(D) DESCRIPTION OF TRANSACTION: YE INVESTMENT HOLDINGS WITH AGFS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID CRIBBS, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOD MEMBER OF AG FINANCIAL SOLUTIONS (INVESTMENT FIRM)

(C) AMOUNT OF TRANSACTION \$ 6,500,000.

(D) DESCRIPTION OF TRANSACTION: YE INVESTMENT HOLDINGS WITH AGFS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MIKE MESSNER, BOD VICE CHAIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT OF MICHAEL MESSNER CONSULTING

(C) AMOUNT OF TRANSACTION \$ 20,000.

(D) DESCRIPTION OF TRANSACTION: CONSULTING COMPENSATION

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RANDY HURST, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOD MEMBER OF ACCESS PUBLISHING

(C) AMOUNT OF TRANSACTION \$ 14,510.

(D) DESCRIPTION OF TRANSACTION: BOOK PURCHASE

(E) SHARING OF ORGANIZATION REVENUES? = NO



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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	X		1,186,621.	FAIR MARKET VALUE
5 Clothing and household goods	X		6,790,846.	FAIR MARKET VALUE
6 Cars and other vehicles	X	4	65,500.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	821	27,542,253.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	58	3,973,860.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER RELIEF)	X	29	997,621.	FAIR MARKET VALUE
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** **21**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: IDONATE.COM IS PART OF THE SERVANT CHRISTIAN FOUNDATION. O'REILLY AUTO PARTS DONATES EXCESS INVENTORY TO IDONATE.COM WHO IN TURN LIQUIDATES THE PRODUCT THROUGH A VARIETY OF METHODS INCLUDING ONLINE AUCTION (EBAY), RETAIL SALES, AND LIVE AUCTION. AFTER TAKING A SMALL ADMINISTRATIVE FEE, SERVANT CHRISTIAN FOUNDATION DEPOSITS THE PROCEEDS OF THESE LIQUIDATIONS INTO A CONVOY OF HOPE FUND WITHIN THEIR FOUNDATION. CONVOY OF HOPE HAS CONTROL OF THAT FUND AND CAN TRANSFER THE FUNDS TO CONVOY OF HOPE AT ANY TIME.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDRENS' FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER
RESPONSE, AND PARTNER RESOURCING.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION REVISED ITS MISSION STATEMENT DURING 2010 TO MORE
CLOSELY ALIGN WITH ITS GLOBAL REACH AND FOCUS. IN CONJUNCTION WITH THE
MISSION REVISION, THE ORGANIZATION RESTRUCTURED ITS MAIN PROGRAMMATIC
AREAS, KEY PERSONNEL, AND REPORTING SYSTEMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

KITS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLOBAL COMMUNITY OUTREACH:

THE ORGANIZATION PROVIDES GUESTS OF HONOR WITH UNCONDITIONAL LOVE AND
ACCEPTANCE THROUGH THE MOBILIZATION, TRAINING, AND RESOURCING OF
VOLUNTEERS FROM LOCAL CHURCHES, BUSINESSES, AND COMMUNITIES.

OUTREACHES FEATURE RESOURCES SUCH AS: FREE MEDICAL AND DENTAL
SCREENINGS, HAIRCUTS, FOOD, JOB PLACEMENT ASSISTANCE, AND CONNECTION TO
LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS. DURING 2010, CONVOY OF
HOPE CONDUCTED 82 COMMUNITY OUTREACHES ACROSS 29 US CITIES AND MULTIPLE
COUNTRIES. IN DOING SO, CONVOY OF HOPE PROVIDED GROCERIES, HEALTH
SCREENINGS AND MORE TO OVER 127,000 GUESTS AND MOBILIZED OVER 1,800
CHURCHES/ORGANIZATIONS AND NEARLY 28,000 VOULUNTEERS (UNAUDITED).

EXPENSES \$ 2,233,846. INCLUDING GRANTS OF \$ 95,709. REVENUE \$ 0.

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

FORM 990, PART VI, SECTION A, LINE 2:

MR. MILLS AND MR. COREY HAVE A REPORTABLE FAMILY RELATIONSHIP AS BOTH ARE BOARD MEMBERS OF CONVOY OF HOPE AND MR. MILLS IS MARRIED TO MR. COREY'S SISTER. ADDITIONALLY, MR. CRIBBS AND MR. HINDY HAVE A REPORTABLE BUSINESS RELATIONSHIP AS BOTH ARE BOARD MEMBERS OF CONVOY OF HOPE AND MR. CRIBBS ALSO SERVES ON THE BOARD OF THE ORGANIZATION THAT MR. HINDY IS PRESIDENT/CEO. MR. MCCLAF LIN AND MR. HURST HAVE A REPORTABLE BUSINESS RELATIONSHIP AS BOTH ARE BOARD MEMBERS OF CONVOY OF HOPE AND BOTH EXECUTIVES ALSO SERVE ON THE ASSEMBLIES OF GOD WORLD MISSIONS RELIEF COMMITTEE WHICH HAD AN ACTIVE MOU AND CONTRIBUTION SHARING ARRANGEMENT IN FORCE DURING 2010.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION REVISED ITS MISSION STATEMENT DURING 2010 TO MORE CLOSELY ALIGN WITH ITS GLOBAL REACH AND FOCUS. IN CONJUCTION WITH THE MISSION REVISION, THE ORGANIZATION RESTRUCTURED ITS MAIN PROGRAMMATIC AREAS, KEY PERSONNEL, AND REPORTING SYSTEMS.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FINAL FORM 990 AND 990-T 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 AND THE ORGANIZATION'S AUDIT COMMITTEE MEETS TO DISCUSS THE FORM 990 AND 990-T. 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.

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

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 AUDIT COMMITTEE, PRESIDENT, AND BOARD CHAIRMAN TO DETERMINE WHETHER THE REPORTED TRANSACTION AND/OR OTHER CONFLICTING RELATIONSHIP IS JUST, FAIR, AND REASONABLE.

FORM 990, PART VI, SECTION B, LINE 15: A BOARD LEVEL COMPENSATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE EXECUTIVE COMPENSATION PROGRAM AND MONITOR THE PROGRAM IN PLACE. AN INDEPENDENT, OUTSIDE COMPENSATION CONSULTANT AGENCY IS USED PERIODICALLY TO REVIEW THE TOP EXECUTIVE POSITIONS AT CONVOY OF HOPE AGAINST NATION-WIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE AGENCY'S RECOMMENDATIONS ARE THEN SUBMITTED TO THE FULL BOARD FOR REVIEW, DISCUSSION AND IMPLEMENTATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AR, AZ, KY, MI, MN, MS, NC, ND, NH, PA, TN, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS, 990, AND 990-T ARE POSTED ON THE ORGANIZATION'S WEBSITE. CONFLICT OF INTEREST POLICIES AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN

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

REQUEST.

FORM 990, PART XII, LINE 2C, AUDIT COMMITTEE PROCESS:

THE PRIMARY FUNCTIONS OF THE AUDIT COMMITTEE ARE TO ASSIST THE BOARD OF DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES WITH RESPECT TO:

- (I) THE ORGANIZATION'S SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING, LEGAL COMPLIANCE AND ETHICAL BEHAVIOR;
 - (II) THE ORGANIZATION'S AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES GENERALLY;
 - (III) THE ORGANIZATION'S FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION PROVIDED BY THE ORGANIZATION TO CONSTITUENTS, ANY GOVERNMENT AGENCIES, THE PUBLIC AND OTHERS;
 - (IV) THE ORGANIZATION'S COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS; AND
 - (V) THE PERFORMANCE OF INTERNAL AUDIT EFFORTS AND INDEPENDENT AUDITORS.
- DURING 2010, THE AUDIT COMMITTEE DID NOT MEET DUE TO IMPENDING DIRECTOR CHANGES, HOWEVER, THE AUDIT COMMITTEE WILL BE REINSTITUTED DURING 2011.

FORM 990, PART VI, LINE 8A, DELEGATION OF BOARD AUTHORITY TO EXECUTIVE BOB:

CONVOY OF HOPE'S FULL BOARD MEETS TWICE A YEAR AND DURING THE INTERIM, CONVOY OF HOPE'S EXECUTIVE BOARD IS CHARGED WITH ADDRESSING FIDUCIARY AND STRATEGIC ISSUES. CONVOY OF HOPE'S EXECUTIVE BOARD IS COMPOSED OF 5 MEMBERS FROM THE FULL BOARD AND CONVOY OF HOPE'S PRESIDENT.