

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

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*				Refu	rn of Organi	zation E	cemnt	From I	ncom	o Tay		OMB No. 1545-0047
	0				-		•					2014
For	n y	90	,		501(c), 527, or 4947(-	•••		lations)	
		nt of the Treasury wenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990,							Open to Public			
		enue Servio				n 990 and its in				1990.		Inspection
<u>A</u> F	or th	-		lar year, or tax y	ear beginning		, 2014,	, and endin		-		, 20
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	Addre			VOY OF HOPE	FOUNDATION							
	chang			Business As					_	46-284		
	Name	change		·	box if mail is not delivered	I to street address)		Room/suite		Telephone		
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No.	3				governing body (Part						3	1.
8	4	Numbe	r of indu	ependent voting me	mbers of the govern	ing body (Part VI		• • • • • •	• • • • •	• • • • •		1.
lles	5	Total n	umber r	f individuals emplo	yed in calendar year	2014 (Part V line	- 2a)		• • • • •		5	0
tivi	6	Total n	umber c	if volunteers (estima	ite if necessary)					• • • • •	6	1.
Ac		Total u	nrelated	business revenue f	rom Part VIII, column	(C). line 12	• • • • •			• • • • •	7a	0
					come from Form 990-						7b	0
										rior Year		Current Year
	8	Contrib	outions a	nd grants (Part VIII,	line 1h)	ſ					0	1,272,705.
nu	9	Program	m servia	e revenue (Part VIII,	line 2g)		COPY	FOR			0	0
Revenue	10	Investn	nent inc	ome (Part VIII, colu	mn (A), lines 3, 4, and	17d)	PUBLIC IN	SPECTION			0	6,595.
E.	11	Other r	revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)					0	0
	12				h 11 (must equal Part				· · · · · ·		0	1,279,300.
	13	Grants	and sim	nillar amounts paid (F	Part IX, column (A), lin	es 1-3)				- 122	0	501,315.
	14	Benefit	s paid to	o or for members (P	art IX, column (A), line	e 4)			s	119993	0	0
ŝ		Salarie	s, other	compensation, emp	ployee benefits (Part I)	K, column (A), lin	ies 5-10)				0	0
Expenses					IX, column (A), line 1						0	0
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	17				A), lines 11a-11d, 11f-				_		0	16,226.
	18				must equal Part IX, co						0	517,541.
5.0	19	Revenu	le less e	expenses. Subtract I	ine 18 from line 12 .						0	761,759.
Net Assets or Fund Balances			· ·						Beginning	of Current		End of Year
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true	, corre	ct, and c	omplete.	Declaration of prepare	r (other man officer) is b	ased on all information	ation of whic	h preparer has	s any knowl	edge.		owledge and belief, it is
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(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

Х

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number see instructions

	Enter mer sidentifying number, see instruction				
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print	CONVOY OF HOPE FOUNDATION	46-2845781			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)			
due date for filing your	330 S PATTERSON AVE				
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions.	SPRINGFIELD, MO 65802				

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of MARK METZGER, 330 S PATTERSON AVE SPRINGFIELD, MO 65802

Т	elephone No. ▶ 417 851-4445 FAX No. ▶			_	
• If	the organization does not have an office or place of business in the United States, check this box			▶□	
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			If this is	
for	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		and	d attach	
<u>a lis</u>	t with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	until08/15_, 20 15 _, to file the exempt organization return for the organization named al	bove	e. Tl	he extension	is
	for the organization's return for:				
	▶ X calendar year 20 14 or				
	▶ tax year beginning, 20, and ending,	20			
2	If the tax year entered in line 1 is for less than 12 months, check reason:	n			
	Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS				
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		0
Cau	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	n 88	79-E	O for paymer	nt
instr	uctions.				

4F8054 1.000

Part II	Additional (Not Automatic) 3-Month Ex	dension c	· · · · ·		
			E	nter filer's identifying number, see Employer identification number (E	
-	Name of exempt organization or other filer, see in	structions.			IIN) OI
Type or				16 00 15 701	
print	CONVOY OF HOPE FOUNDATION	v ooo inotruu	ationa	46-2845781 Social security number (SSN)	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	cuons.		
due date for iling your	330 S PATTERSON AVE City, town or post office, state, and ZIP code. For	a faraian ad	drago, and instructions		
return. See		a toreign ad	dress, see instructions.		
instructions.	SPRINGFIELD, MO 65802		too too for		
	eturn code for the return that this application			ach return)	
Application	n	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01	Farm 4044 A		0.0
Form 990-		02	Form 1041-A		08
) (individual)	03	Form 4720 (other than in	idividual)	09
Form 990-I		04	Form 5227 Form 6069		10
	T (sec. 401(a) or 408(a) trust)	05	Form 8870		12
	T (trust other than above) not complete Part II if you were not already			sion on a proviously filed For	
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	ks are in the care of ▶ _{MARK_METZGER, 33} ne No. ▶ 417 851-4445		TERSON AVE SPRINGF FaxNo. ►	IELD, MO 65802.	
	panization does not have an office or place of I			his hox	
	for a Group Return, enter the organization's for				-
	le group, check this box \mathbf{P} . If				
	names and EINs of all members the extension		art of the group, check this		acira
	est an additional 3-month extension of time up		1	.1/15 , 20 15 .	
•	alendar year 2014, or other tax year beginni	-		nd ending,	20
	tax year entered in line 5 is for less than 12 m				
	Change in accounting period				
	in detail why you need the extension ADDIT	IONAL T	IME IS REQUIRED TO	ACCUMULATE THE	
	RMATION NECESSARY TO FILE A COM				

	nonrefundable credits. See instructions.	8a	\$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any		
	amount paid previously with Form 8868.	8b	\$ 0
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS		
	(Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2014)

(2014) Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III (Y) describe the organization's mission: CONVOY OF HOPE FOUNDATION WAS CREATED TO PRIMARILY SUPPORT COH OTHER CHARITABLE ORGANIZATIONS. SEE SCHEDULE O FOR ADDITIONAL ORMATION. (the organization undertake any significant program services during the year which were not lister Form 990 or 990-EZ? (the organization cease conducting, or make significant changes in how it conducts, any ces? (the organization's program service accomplishments for each of its three largest program otal expenses, and revenue, if any, for each program service reported. (the certain the set of the set o	ed on the program Yes Yes am services, as me ants and allocations	X N X N
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ING FISCAL YEAR 2014, CONVOY OF HOPE FOUNDATION MAINTAINED ONE)
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PORTED CONVOY OF HOPE AND 24 OTHER CHARITABLE ORGANIZATIONS		
OUGH ITS DONOR ADVISED FUND PROGRAM.		-
(a) (B)		
		_)
e:) (Expenses \$ including grants of \$) (Revenue \$)
		_'
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Form 9	CONVOY OF HOPE FOUNDATION 46- 90 (2014)	284578	31	F	Page 3
Part					
		_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes		.	37	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	•••	1 2	X X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition		2	Δ	
3	candidates for public office? If "Yes," complete Schedule C, Part I		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule	C,			
	Part III	_!	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which dono				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?				
_	"Yes," complete Schedule D, Part I		6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space		,		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes</i>		/		X
0	complete Schedule D, Part III		в		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as		-		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, of				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		э		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		0	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V	Ί,			
	VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes				
h	complete Schedule D, Part VI		1a		X
D	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>		1b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or mo				
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		1c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total asse				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>1</u> ′	1d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa		1 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		1f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Ye				37
ь	complete Schedule D, Parts XI and XII		2a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		2b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		3		X
	Did the organization maintain an office, employees, or agents outside of the United States?		4a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmakin				
	fundraising, business, investment, and program service activities outside the United States, or aggrega	e			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to o				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		5		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or othe		_		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		6		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		7		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		8		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a				
	If "Yes," complete Schedule G, Part III	1	9		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	Da		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2)b		

Form **990** (2014)

Part V Checklist of Required Schedules (continued) Yes Ne 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if Yes, 'complete Schedule I, Parts I and II	Form 99	0 (2014)		F	Page 4
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or part IX, column (A), line 17 /f 'Yos," complete Schedule /, Parts I and II. 21 X 2 Did the organization report more than \$5,000 of grants or other assistance to or of domestic individuals on part IX, column (A), line 27 /f 'Yes," complete Schedule I. Parts I and III. 22 X 2 Did the organization aware 'Yes' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization aware 'Yes' to Part VI, Section A, line 3, 4, or 5 about compensated emptypeses 'If 'Yes," complete Schedule J. 23 X 24a Did the organization aware the ware submet bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. Hit was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule J. 24a X 24b Did the organization antain an escrow account other than a refunding secrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization regise in an excess benefit transaction with a disqualified person in a prior year, complete Schedule L, Part I 25a X 25b the organization accels, directors, trustees, key employees, highest compensated employees, and the transaction has not been reported on any ot the organization's prior Forms 990 or 990-EZ? 25b X 25b the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a	Part	V Checklist of Required Schedules (continued)			
adomestic government on Part IX, column (A), line 17 // Yes," complete Schedule /, Parts f and II, 21 X 22 Did the organization respont more than SS 000 of grants or other assistance to or for domestic individuals on grantzation in answer "Yes" to Part VII, Section A, Jine 3, 4, or 5 about compensation of the organization naveer "Yes" to Part VII, Section A, Jine 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1000.00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 23 24 Did the organization haves a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a 25 Did the organization matinian an escrow account other than a refunding escrow at any time during the year? 24a 26 Did the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization avare that it engaged in an excess benefit transaction with a disqualified person? 25a 26 Did the organization avare that it engaged in an excess benefit transaction with a disqualified person? 26b 27 Did the organization avare that it engaged in an excess benefit transaction with a disqualified person? 26 27 Did the organization avare				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Columparization answer Yas' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer Yas' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer Yas' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer Yas' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer Yas' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer Yas' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer Yas' to Part IV. 244 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the yar, that was issued after Dacember 31, 2002? If "Yes," answer fines 24 24 250 Did the organization maintain an escrew account other than a refunding escrew at any time during the yar? 24e 261 Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the yar? "Yes," complete Schedule L, Part I 25a 27 M 'Yes," complete Schedule L, Part I 25a 25b 28 Did the organization aware that engaged in an excess benefit transaction with a disqualified person approximation prior Forms 990 or 990-E27 25b 28 Did the organization engort any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, highest compensated employees, or disqualified persons?	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond sexe, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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? If "Yes," commercial and complete Schedule K If No, "go to line 25a," 24a X 24b Did the organization herest any proceeds of tax-exempt bonds beyond a temporary period exception?	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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amployees? If "Yes," complete Schedule J. 23 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; If 'Yes," answer lines 240 through 24d and complete Schedule K II 'No," go to line 25a, . 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a X 24c 24d X 24d X X	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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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-E27 If "Yes," complete Schedule L, Part I Z5b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Z6 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Z7 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. Z8a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Z8a X 29 Did the organization receive corributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. Z8a X 29 Did the organization receive corributions of art, historical treasures, or other similar assets, or qualified conservation corributions? If "Yes," complete Schedule M. 29 X <	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. 33	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 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): 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV,		If "Yes," complete Schedule L, Part I	25b		X
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 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 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? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, econservation contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I. 30 X 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 33 Mas the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 35a X			26		Х
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 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): 28 X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IX. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," assettions 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I,	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30c X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 31c X 32 Did the organization neelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 33c X 33 Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34c 35c 35c 34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with controlled entity within the meaning of section 512(b)(13)? 35a X 35b 35b 35a Did the organizations. Did the organizations. Did the organization sclip	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	~7		30		
	31				
			27		Х
	20				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O X	JÖ			x	

Form **990** (2014)

Form 990 (2014)

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0		
C	required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization receive any runds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-		79 7h		
л	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
	sponsoring organization have excess business holdings at any time during the year?	0		А
	Sponsoring organizations maintaining donor advised funds.	0.0		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
A 1.00		Form	990	(2014
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Form 9	90 (2014)	CONVOY OF HOPE FOUNDATION	46-2845	781	F	Page 6
Part		nce, Management, and Disclosure For each "Yes" response to lines 2 three				
		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i				
		Schedule O contains a response or note to any line in this Part VI		• • •	• • •	X
Sect	ion A. Govern	ing Body and Management				Na
			1. 1		Yes	No
1a		er of voting members of the governing body at the end of the tax year	1a 1			
		al differences in voting rights among members of the governing body, or if the governing				
	, 0	bad authority to an executive committee or similar committee, explain in Schedule O.	1b 1			
b		er of voting members included in line 1a, above, who are independent				
2	-	director, trustee, or key employee have a family relationship or a business relationship or a business relationship of a business relation of the second sec		2		х
•	•	, director, trustee, or key employee?		2		
3	-	ation delegate control over management duties customarily performed by or un		3		х
4	-	ficers, directors, or trustees, or key employees to a management company or othe	-	4		x
4 5	-	on make any significant changes to its governing documents since the prior Form 990 was file ttion become aware during the year of a significant diversion of the organization's a		5		X
6	-	tion have members or stockholders?		6		х
7a	•	ation have members, stockholders, or other persons who had the power to ele				
<i>'</i> a	-	mbers of the governing body?		7a	Х	
b		nance decisions of the organization reserved to (or subject to approval b				
Ň		persons other than the governing body?		7b		х
8		ation contemporaneously document the meetings held or written actions unde				
-	the year by the f					
а		ody?		8a		Х
b	0 0	with authority to act on behalf of the governing body?		8b		Х
9		cer, director, trustee, or key employee listed in Part VII, Section A, who cannot l				
	the organization	's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies	(This Section B requests information about policies not required by the Inte	ernal Revenue	Code	ə.)	
					Yes	No
10a	Did the organiza	tion have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the	organization have written policies and procedures governing the activities of s	uch chapters,			
	affiliates, and bra	anches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization	on provided a complete copy of this Form 990 to all members of its governing body before fili	ng the form? .	11a	Х	
b	Describe in Sche	edule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organiza	tion have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, di	irectors, or trustees, and key employees required to disclose annually interests the	nat could give			
	rise to conflicts?			12b	Х	
С	Did the organiz	ation regularly and consistently monitor and enforce compliance with the po	licy? If "Yes,"			
		dule O how this was done		12c	Х	
13	•	tion have a written whistleblower policy?		13	X	
14	Did the organiza	tion have a written document retention and destruction policy?		14	Х	
15		s for determining compensation of the following persons include a review and				
		sons, comparability data, and contemporaneous substantiation of the deliberation				
а		's CEO, Executive Director, or top management official		15a		X
b		key employees of the organization		15b		X
		5a or 15b, describe the process in Schedule O (see instructions).				
16a	-	ation invest in, contribute assets to, or participate in a joint venture or similar	-			37
		ntity during the year?		16a		X
b		organization follow a written policy or procedure requiring the organization to				
	participation in j	joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
Soct	ion C. Disclos	xempt status with respect to such arrangements?		16b		
17						
18		equires an organization to make its Forms 1023 (or 1024 if applicable), 990, and lic inspection. Indicate how you made these available. Check all that apply.	990-1 (Section	501(0	c)(3)s	only)
	Own websi		edule ()			
40			-			ا
19		edule O whether (and if so, how) the organization made its governing documents	s, conflict of inte	erest	policy	, and
20		ents available to the public during the tax year.	ooko ond rocard			
20		address, and telephone number of the person who possesses the organization's but hark METZGER 330 S PATTERSON AVE SPRINGFIELD, MO 65802 417-8	DOKS and record	5. 🗩		
JSA			-	Form	990	(2014)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

		(C)								
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	`				e than c		Reportable	Reportable	Estimated
	hours per			•		is both		compensation	compensation from	amount of other
	week (list any hours for				1	or/trust	<i>,</i>	from the	related organizations	compensation
	related	lndi or d	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	lirec	ituti	cer	em	nest	ner	(W-2/1099-MISC)	(organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	e 8				and related organizations
	line)	uste	trus		ee	nper				organizationo
		õ	stee			Highest compensated employee				
						be				
WOUL CORRORATION	1 00									
_(1)COH CORPORATION	1.00		37							0
TRUSTEE	0		X					C	0	0
_(2)JIM_BATTEN	1.00								44.000	
PRESIDENT ENDING 2/2014	41.00			Х				C	44,239.	3,596.
_(3)MIKE_KERN	1.00									_
SECRETARY	2.00			Х				C	0	0
_(4)HAL_DONALDSON	1.00									
VP/PRESIDENT BEGINNING 2/2014	41.00			Х				C	214,885.	27,939.
_ (5)	+									
(6)	+									
_(8)										
(10)	+									
(11)										
(12)										
(13)										
(14)										
						L				

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Part VII	Section A. Officers, Directors,	Trustees, Ke	y En	nplo	byee	es,	and H	igl	hest Compensat	ed Employ	yees (c	ontinue	ed)
	(A) Name and title		e (C) Position (do not check more than or box, unless person is both a officer and a director/truster or <u>n n stitut</u> it dividuation ons <u>titut</u>				is both a or/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensation	
		below dotted line)	Individual trustee or director	Institutional trustee	Y .	Key employee	Highest compensated employee	er	(₩-2/1000-₩100)				d related anizations
			_										
			-										
			_										
			_										
1b Sub-tot	al om continuation sheets to Part VII,	Section A		•••	• •	••			0		,124. 0		31,53
d Total (a	ndd lines 1b and 1c)								C	207	,124.		31,53
	umber of individuals (including but not ble compensation from the organization			liste)	d al	bove	e) who	re	ceived more than	\$100,000	of		
3 Did the	e organization list any former of	fficer. directo	or. or	tru	uste	e.	kev ei	am	lovee. or highes	t compens	ated		Yes N
employ	ee on line 1a? If "Yes," complete Sch	edule J for su	ch ind	livid	ual	••		•				3	2
organiz	/ individual listed on line 1a, is the ation and related organizations	greater than	n \$15	50,0	00?	If	"Yes,	"(complete Schedu	le J for	such		
5 Did any	al	or accrue co	mpen	sati	on f	from	n any	uni	related organization	on or indivi	idual	4	X
	ices rendered to the organization? If Independent Contractors	"Yes," comple	te Scl	hedu	ıle J	l for	such p	oer.	son			5	
1 Comple	te this table for your five highest consistion from the organization. Report												
	(A) Name and business a	address							(B) Description of se	ervices	с	(C) ompens	sation
2 Total n	umber of independent contractors	(including b	ut no	+ lim	niter	d to	those	i	isted above) whe	received			
	an \$100,000 in compensation from						0	- 11					

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Par	L VIII	Statement of Revenue Check if Schedule O contains a response o	or note to an	y line in this Part VI			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Grai	b	Membership dues 1b					
An An	с	Fundraising events					
lar Gif	d	Related organizations	633,514.				
Sim's	е	Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants,					
Ę		and similar amounts not included above . 1f	639,191.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$		1 050 505			
	h	Total. Add lines 1a-1f Bus	siness Code	1,272,705.			
ven	2a						
R.	b						
, ice	с						
Program Service Revenue	d						
am	е						
ogr	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	0			
	3	Investment income (including dividends,	interest,				
		and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proc		0			
	5	Royalties) Personal	0			
) Feisonai				
	6a	Gross rents					
	b	Less: rental expenses					
	c d	Rental income or (loss)		0			
	7a		(ii) Other	0			
		assets other than inventory 382,167.	· /				
	b	Less: cost or other basis					
	, D	and sales expenses 375,572.					
	с	Gain or (loss) 6,595.					
	d	Net gain or (loss)	►	6,595.			6,595.
ē	8a	Gross income from fundraising					
JU		events (not including \$					
e K		of contributions reported on line 1c).					
2		See Part IV, line 18					
Other Revenue	b	Less: direct expenses b					
ō	С	Net income or (loss) from fundraising events	<u></u> ▶	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b C	Less: direct expenses b Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less		0			
	TUa	national all all and all and all and all and all all and all all all all all all all all all al					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	►	0			
			siness Code				
	11a						
	b						
	с						
	d	All other revenue					
		Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	🕨 🛛	1,279,300.		1	6,595.

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Pa	rt IX Statement of Functional Expense	s			
Sec	tion 501(c)(3) and 501(c)(4) organizations m				
	Check if Schedule O contains a resp	oonse or note to any lir	ne in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	501,315.	501,315.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
	Fees for services (non-employees):	0			
	Management	0			
		0			
	Accounting	0			
	Lobbying Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	1,830.		1,830.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
0	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	0			
20 21	Interest Payments to affiliates	0			
21		0			
23	Insurance	14,396.		14,396.	
24					
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses		E01 01E	10.000	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	517,541.	501,315.	16,226.	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \blacktriangleright [] if				
	following SOP 98-2 (ASC 958-720)	0			

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Form 990 (2014)

Form 990 (2014)

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art	Х	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt V		
		Check is Schedule O contains a response of hote to any line in this Pa	(A)	•••	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0	1	
	2	Savings and temporary cash investments	0	2	336,199
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		_	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	
	0	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	0		
s	_	organizations (see instructions). Complete Part II of Schedule L	0	6	
ŝ	7	Notes and loans receivable, net	0	7	
		Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
1	υa	Land, buildings, and equipment: cost or			
	h	other basis. Complete Part VI of Schedule D 10a 10b	0	10-	
		Less: accumulated depreciation 10b		10c 11	197,62
1	2	Investments - publicly traded securities		12	197,02
	2 3	Investments - other securities. See Part IV, line 11		13	
	3 4	Investments - program-related. See Part IV, line 11		14	
	4 5	Intangible assets		15	233,23
	6	Other assets. See Part IV, line 11		16	767,05
_	-	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses		17	101,03
1				18	
1		Grants payable		19	
2	-	Deferred revenue		20	
		Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ψ	2	Loans and other payables to current and former officers, directors,		21	
	2	trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0	22	
2	3	Secured mortgages and notes payable to unrelated third parties		23	
	4	Unsecured notes and loans payable to unrelated third parties		24	
	5	Other liabilities (including federal income tax, payables to related third	-		
	-	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
2	6	Total liabilities. Add lines 17 through 25		26	
s		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
۳ 2 2	7	Unrestricted net assets	0	27	640,06
2 2912	8	Temporarily restricted net assets	0	28	
	9	Permanently restricted net assets	0	29	126,98
Net Assets of Fund Balances 5 5 5 6 7 7 7		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		-	
8 3	0	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
A 3	2	Retained earnings, endowment, accumulated income, or other funds		32	
	3	Total net assets or fund balances	0	33	767,05
		Total liabilities and net assets/fund balances		34	767,05

Form **990** (2014)

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CONVOY	OF	HOPE	FOUNDATION
CONVOI	01	пог п	I COMPLITION

Form 990	0 (2014)			Pa	ge 12	
Part 2	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	79,3	300.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	17,	541.	
3	Revenue less expenses. Subtract line 2 from line 1	3	7	61,	759.	
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0	
5	Net unrealized gains (losses) on investments	5	5,293.			
	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
:	33, column (B))	10	7	67,0)52.	
Part X	I Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in				
:	Schedule O.					
2a 🛛	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis I Consolidated basis Both consolidated and separate basis					
С	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, e					
	Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b			

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

	artment of the Treasury nal Revenue Service		• Attach to Form 990 or (Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
	e of the organization						tification number
	IVOY OF HOPE FOUNDATI	ON					-2845781
Pa			organizations must o	complete	e this pa		
	organization is not a private for		•			,	<u> </u>
1	A church, convention of c			-	-		
2	A school described in sec						
3	A hospital or a cooperativ				n 170(b))(1)(A)(iii).	
4	A medical research orga	-	-				(iii). Enter the
	hospital's name, city, and	state:					
5	An organization operated	d for the benefit of	a college or universi	ty owned	d or ope	erated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv).	(Complete Part II.)					
6	A federal, state, or local	government or gove	rnmental unit describe	d in sect	ion 170((b)(1)(A)(v).	
7	An organization that nor	mally receives a sul	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in section 170	b)(1)(A)(vi). (Comp	lete Part II.)				
8	A community trust descri	bed in section 170(I	b)(1)(A)(vi). (Complete	e Part II.)			
9	An organization that nor	•					
	receipts from activities r						
	support from gross inve						tax) from businesses
	acquired by the organizat			• • • • •	•	,	
10	An organization organize			-			
11	X An organization organize			-			
	one or more publicly sup	-			-		
-	the box in lines 11a throu						
а							
	the supported organiza			elect a m	ajonty d		lees of the supporting
b	organization. You must Type II . A supporting o			nnaction	with ite	s supported organization	on(c) by baying
Ň	control or managemen						
	organization(s). You mu		-		e persor		age the supported
с	Type III functionally in	-		ated in co	onnectio	n with, and functional	ly integrated with.
	its supported organizati						.,
d							ed organization(s)
	that is not functionally in	·		-			
	requirement (see instru	ctions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	X Check this box if the or	ganization received	a written determinatio	on from t	he IRS t	hat it is a Type I, Type I	I, Type III
	functionally integrated,	or Type III non-funct	tionally integrated sup	porting o	organiza	tion.	
f	Enter the number of support	-					1
g	Provide the following information	tion about the supp	orted organization(s).	1		1	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	.,	(vi) Amount of other support (see
			above or IRC section		ment?	instructions)	instructions)
			(see instructions))			-	
				Yes	No		
(A)	CONVOY OF HOPE		-				0
	CONVOY OF HOPE	68-0051386	7	X		232,525.	0
(B)							
(C)							
(D)							
(F)							
(E)							

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

Total

232,525.

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2014

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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.)

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2014 (li	ne 6, column (f) divided by line	e 11, column (f))		14	%
15	Public support percentage from 2013						%
16a	331/3% support test - 2014. If the o	•					
	this box and stop here. The organization						
b	331/3% support test - 2013. If the c						
	check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization						•
	Part VI how the organization meets t			•	•		supported
	organization						►
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organizati				-	-	a publicly
	supported organization						► 🗆
18	Private foundation. If the organization						
	instructions			<u></u> .		<u></u>	🕨 🖂

Schedule A (Form 990 or 990-EZ) 2014

46-2845781

Page 3

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	Section A. Public Support						

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")							ĺ	
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the							ĺ	
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the							ĺ	
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
ec	tion B. Total Support								
alei	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
9	Amounts from line 6								
0 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
1	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
2	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
4	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	sas	ection 501	(c)(3)	
	organization, check this box and stop here								
ec	tion C. Computation of Public Sup	oport Percenta	age						
5	Public support percentage for 2014 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15			%
6	Public support percentage from 2013 Sche	edule A, Part III, lir	ne 15			16			%
ec	tion D. Computation of Investme	nt Income Per	centage						
7	Investment income percentage for 2014 (li	ne 10c, column (f) divided by line 1	13, column (f))		17			%
8	Investment income percentage from 2013	Schedule A, Part	III, line 17			18			%
9 a	331/3% support tests - 2014. If the or	ganization did n	ot check the boy	c on line 14, and	d line 15 is more	e than	331/3 %,	and line	
	17 is not more than 331/3%, check th							. [
b			-					- 0/ 1	
	331/3% support tests - 2013. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more	than 331/	3 %, and	
	331/3% support tests - 2013. If the organized line 18 is not more than 331/3%, check							. [
20 JSA		this box and s	top here. The or	ganization qualifi	es as a publicly	suppo	rted organi	ization 🕨	

Yes No

46-2845781

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2014

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	CONVOY OF HOPE FOUNDATION 46-28	45781		
Schedu	le A (Form 990 or 990-EZ) 2014		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	on B. Type I Supporting Organizations			
			Yes	No
	Did the discussion to start any second second in the second			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
•		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		x
Secti	on C. Type II Supporting Organizations	Z		21
0000	on o. Type in oupporting organizations		Yes	No
			163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
<u>Cooti</u>		1		
Secu	on D. All Type III Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (1) a written notice describing the type and amount of support provided during the price			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 3b

Schedule A (Form 990 or 990-EZ) 2014

3a

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Section A Adjusted Net Income		(A) Drier Veer	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
		vompt purpopo		Current rear
1	Amounts paid to supported organizations to accomplish ex		ad	
2	Amounts paid to perform activity that directly furthers exer	inpl purposes of support	ea	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section			
4				
	D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
с С	Excess from 2013			
d	Excess from 2013			
е	Excess from 2014			A (Form 990 or 990-EZ) 2

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization

CONVOY OF HOPE FOUNDATION

46-2845781

Employer identification number

Organization	type	(check	one):
--------------	------	--------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CONVOY OF HOPE FOUNDATION

Employer identification number 46-2845781

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 2		\$ ^{17,000} .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 4		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 6		\$ <u>137,193.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CONVOY OF HOPE FOUNDATION

Employer identification number 46-2845781

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7 _		\$54,150.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8 _		\$200,476.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
99		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10		\$424,057.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$209,457.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

from	

Part I

__6__

(a) No.

from

Part I

_ _7_

(a) No.

from

Part I

. arei		(see instructions)	
8888888	VARIOUS MUTUAL FUNDS		
		\$200,476.	_VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	VARIOUS MUTUAL FUNDS		
		\$209,457.	_VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
Δ		Schedule B (Form 9	90, 990-EZ, or 990-PF) (20
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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

VARIOUS STOCKS

VARIOUS MUTUAL FUNDS

Name of organization CONVOY OF HOPE FOUNDATION

46-2845781

VAR

VAR

Date received

(d)

Date received

(d)

Date received

Employer identification number

(see instructions)

(c)

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

(see instructions)

\$

\$

137,193.

54,150.

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate)

Description of noncash property given

(b)

Description of noncash property given

(b)

Description of noncash property given

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	(Form 990, 990-EZ, or 990-PF) (2014)			Page 4		
Name of o	rganization CONVOY OF HOPE FOUNDAT	ION		Employer identification number		
Part III	<i>Exclusively</i> religious, charitable, etc. that total more than \$1,000 for the y					
	following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	completing Part III, e year. (Enter this in	enter the total of formation once. S	exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I				 		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, ar			onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee		
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2014)		

5112HC K929 11/12/2015 4:01:07 PM V 14-7.6F 1148371

SCHEE	DULE	D
(Form	990)	

4E1268 1.000

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

2

OMB No. 1545-0047

4

Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification CONVOY OF HOPE FOUNDATION 46-2845781 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year)	
CONVOY OF HOPE FOUNDATION 46-2845781 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. I Total number at end of year 2 Aggregate value of contributions to (during year)	
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. (a) Donor advised funds (b) Funds and other stand of year 1 Total number at end of year 9. 2 Aggregate value of contributions to (during year) 1,145,721.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other strength of the strengt of the strengt of the strength of the strength of th	
(a) Donor advised funds (b) Funds and oth 1 Total number at end of year 9. 2 Aggregate value of contributions to (during year) 1,145,721.	
1 Total number at end of year 9. 2 Aggregate value of contributions to (during year) 1,145,721.	
2 Aggregate value of contributions to (during year) 1,145,721.	ner accounts
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	X Yes No
	X Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	X Yes No
Conferring impermissible private benefit?	
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
 Purpose(s) of conservation easements held by the organization (check all that apply). 	
Preservation of land for public use (e.g., recreation or education) Preservation of a historically impo	ortant land area
Protection of natural habitat	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	rvation
	nd of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	ation during the
tax year 🕨	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of \Box	
violations, and enforcement of the conservation easements it holds?	Yes L No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	ar
▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	¬
and section 170(h)(4)(B)(ii)?	_ Yes └ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the statement of t	
organization's accounting for conservation easements.	Scribes the
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.	
	and balance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or research	in furtherance of
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an worke of art biotocical traceures or other similar assets hold for public axhibition, education, or research	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research public service, provide the following amounts relating to these items:	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial g	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	5 , pane ine
b Assets included in Form 990, Part X > \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedu	ule D (Form 990) 2014

_	dule D (Form 990) 2014										ge 2
Par	t III Organizations Maintainin	ng Collections of	f Art, Hist	orical T	reasures	s, or Otl	ner Similar	Asset	s (contil	nue	d)
3 a	Using the organization's acquisitic collection items (check all that app Public exhibition		other recor	7	-	he follow	-	a signi	ficant us	e of	its
b	Scholarly research		e –								
c	Preservation for future gene	rations	•								
4	Provide a description of the organ XIII.	nization's collection						xempt	purpose	in F	Part
5	During the year, did the organization assets to be sold to raise funds rath	ner than to be maint	ained as pa	rt of the c	organizati	on's colle	ction?		Yes		No
Par	t IV Escrow and Custodial Ar or reported an amount or			ie organi	ization ai	nswered	"Yes" to Fori	m 990	, Part IV	, line	ə 9,
1a	Is the organization an agent, truste	e, custodian or oth	er intermed	iary for c	ontributio	ns or othe	r assets not				
, u	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	ole:			•• -			
			•	0			Amo	unt			
с	Beginning balance				1	c					
d	Additions during the year					d					
е	Distributions during the year					e					
f	Ending balance										
2a	Did the organization include an am						account liabilit	y?	Yes		No
	If "Yes," explain the arrangement i										
	t V Endowment Funds. Com										
		(a) Current year	(b) Prio			ears back	(d) Three years		(e) Four ye	ears b	ack
1a	Beginning of year balance										
	Contributions	126,984.									
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
a	End of year balance	126,984.									
2	Provide the estimated percentage		nd halance	line 1a	column (s)) hold as	•				
-	Board designated or quasi-endown			(inte rg,	column (c						
b	Permanent endowment \blacktriangleright 100.0		'0								
	Temporarily restricted endowment										
Ŭ	The percentages in lines 2a, 2b, a		100%								
39	Are there endowment funds not in			tion that	are held a	and admir	nistered for the				
Ju	organization by:		ne organiza						V	es	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		X
h	If "Yes" to 3a(ii), are the related or	raanizatione lietod ae	required on	Schedule	50				3b		
4	Describe in Part XIII the intended u	0	•						55		
_	t VI Land, Buildings, and Equ Complete if the organiza	0				- 44 - 0	E 000	Dent	V. U.s. A		
	Description of property										
			r other basis stment)		r other basis ther)		cumulated reciation	(d)	Book value	,	
1a	Land										
b	Buildings										
С	Leasehold improvements									_	
d	Equipment										
	Other										
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part	X, column	n (B), line	10(c).)	►				

Schedule D (Form 990) 2014 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other__ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1)(2) (3)(4) (5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CSV OF LIFE INSURANCE 106,249 (2) DUE FROM CONVOY OF HOPE 126,984 (3)(4)(5)(6) (7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 233,233. ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6)(7)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8) (9)

CONVOY OF HOPE	FOUNDA'I'LON
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Schedu	e D (Form 990) 2014		Page 4
Part		n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	113,487,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 5,293.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 112,836,455.		
е	Add lines 2a through 2d	2e	112,841,748.
3	Subtract line 2e from line 1	3	645,786.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 633,514.		
	Add lines 4a and 4b	4c	633,514.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,279,300.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	109,651,389.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	109,031,309.
2 a			
b			
c			
d	Other (Describe in Part XIII.) 2c 2d 109,366,373.		
e	Add lines 23 through 2d	2e	109,366,373.
3	Subtract line 2e from line 1	3	285,016.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		20070101
·a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 12 and 1b	4c	232,525.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	517,541.
Part	XIII Supplemental Information.	-	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

ENDOWMENT FUNDS ARE INTENDED TO FUND CONVOY OF HOPE, A RELATED ORGANIZATION, FAR INTO THE FUTURE. FUNDS ARE INVESTED FOR GROWTH WITH THE INTENT OF PROVIDING SUPPORT TO CONVOY OF HOPE THROUGH AN ANNUAL ENDOWMENT PAYOUT.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITION:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: \$ 112,836,455 CONVOY OF HOPE REVENUE

SCHEDULE D, PART XI, LINE 4B AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1: \$ 633,514 CONTRIBUTIONS FROM CONVOY OF HOPE

SCHEDULE D, PART XII, LINE 2D AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25: \$ 109,366,373 CONVOY OF HOPE EXPENSES

Schedule D (Form 990) 2014	CONVOY	OF	HOPE	FOUNDATION
Part XIII Supplemental I				

SCHEDULE D, PART XII, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1:

\$ 232,525 GRANTS PAID TO CONVOY OF HOPE

SCHEDULE I (Form 990)	oranto and other Abbiotance to organizations;							OMB No. 1545-0047	
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.									
		•	tach to Form 990.	onn 550, i art iv	, III 21 01 22.		Open to Public		
Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							Inspection		
Name of the organization							Employer identifi	cation number	
CONVOY OF HOPE	FOUNDATION						46-28457	81	
Part I General I	nformation on Grants and	Assistanc	e				·		
the selection crit	ration maintain records to su eria used to award the grants IV the organization's proced	s or assistanc	e?					nd X Yes No	
Part II Grants an Part IV, lin	d Other Assistance to Dene 21, for any recipient the	omestic Org at received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can b	vernments. Con be duplicated if a	nplete if the organiza additional space is no	ation answered eeded.	"Yes" to Form 990,	
	address of organization overnment	(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		
(1) CONVOY OF HOPE									
330 S. PATTERSON	AVE. SPRINGFIELD. MO 65802	68-0051386	501 (C) (3)	232.525.				DAF GRANT	

62,440.

50,000.

50,000.

30,000.

11,000.

10,000.

6,000.

6,000.

6,000

J	SA	

(11)

(12)

2

3

(2) THE OAKS FELLOWSHIP

(4) TAPESTRY CHURCH, INC

(5) BORN AGAIN BODY, INC.

(7) SAN FRANCISCO CITY IMPACT

(9) PROJECT RESCUE FOUNDATION

(10) NIGHTLIGHT CHRISTIAN ADOPTIONS

(6) YOUNG LIFE

(8) WYCA BILLINGS

(3) LIGHTHOUSE BAPTIST CHURCH

777 SOUTH I-35 EAST RED OAK, TX 75154

10400 BROADWAY STREET SAN ANTONIO, TX 78217

1305 MIDDLEFIELD RD REDWOOD CITY, CA 94063

4737 N. OCEAN DR. FORT LAUDERDALE, FL 33308

420 N CASCADE AV COLORADO SPRINGS, CO 80903

4430 E MIRALOMA AVE ANAHEIM HILLS, CA 92807

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

230 JONES STREET SAN FRANCISCO, CA 94102

909 WYOMING AVE BILLINGS, MT 59102

PO BOX 922 SPRINGFIELD, MO 65801

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

75-0939945 501(C)(3)

33-0185503 501(C)(3)

84-0385934 501(C)(3)

90-0332259 501(C)(3)

81-0534954 501(C)(3)

45-5374961 501(C)(3)

95-2254634 501(C)(3)

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

501(C)(3)

501(C)(3)

74-2608308

94-6050291

Schedule I (Form 990) (2014)

10.

DAF GRANT

Schedule I (Form 990) (2014)

Part III

7

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

THE CONVOY OF HOPE FOUNDATION PHILANTHROPY PERSONNEL SCREEN RECIPIENTS TO

ENSURE GRANTS ARE MADE ONLY TO QUALIFIED CHARITABLE ORGANIZATIONS BEFORE

GRANTS ARE AWARDED. THE RECEIPT OF FUNDS IS CONFIRMED VIA RECEIPT BY THE

GRANTEE AND USE OF FUNDS IS INFORMALLY MONITORED, UNLESS OTHERWISE THE

NEED TO FORMALLY MONITOR FUNDS IS DETERMINED TO BE NEEDED.

JSA 4E1504 1.000 5112HC K929 11/12/2015 4:01:07 PM V 14-7.6F 1148371 Page 2

	CHEDULE J Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
		Complete if the organization	n answered "Yes" on Form 990, Part IV, line 23	·	pen to		alic		
	nent of the Treasury Revenue Service	► A Information about Schedule J (Fo	Attach to Form 990. orm 990) and its instructions is at <i>www.irs.gov/f</i>		Inspe				
	of the organization	Υ.		Employer identification			•		
CONV	VOY OF HOP	E FOUNDATION		46-284578	1				
Part	Question	ns Regarding Compensation							
1a	990, Part VII, First-cla		by b	these items. personal use		Yes	No		
		emnification and gross-up payments	Health or social club dues or initiatio						
		onary spending account	Personal services (e.g., maid, chauffe						
b 2	lf any of the or reimburse explain	boxes on line 1a are checked, did the ment or provision of all of the ex	ne organization follow a written policy re spenses described above? If "No," com	garding payment plete Part III to	1b				
		· · · · · · · · · · · · · · · · · · ·	D/Executive Director, regarding the items	checked in line					
	1a?				2				
3	organization's related organ Comper Indepen	CEO/Executive Director. Check all that	nization used to establish the compensatio at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study Approval by the board or compensation	ds used by a art III.					
4		ar, did any person listed in Form 990, I or a related organization:	Part VII, Section A, line 1a, with respect to	the filing					
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X		
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х		
C			ased compensation arrangement?		4c		X		
5	For persons I		rganizations must complete lines 5–9. line 1a, did the organization pay or accrue a	ny					
а					5a		X		
b	-	rganization? e 5a or 5b, describe in Part III.			5b		X		
6	compensation	n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	-					
а	-				6a		X		
b	•	-			6b		X		
		e 6a or 6b, describe in Part III.							
7	-		n A, line 1a, did the organization provid	-					
8	Were any am to the initial	ounts reported in Form 990, Part VII, p I contract exception described in I	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	t was subject "Yes," describe	7		x		
9		5	low the rebuttable presumption procedu						
	Regulations s	ection 53.4958-6(c)?		<u></u>	9				
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2014		

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

Page 2

Schedule J (Form 990) 2014

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
HAL DONALDSON	(i)	0	Q	C	0	0	C	
1 VP/PRESIDENT BEGINNING 2/2014	(ii)	214,085.	800.	C	9,744.	18,195.	242,824.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2014

Page 3

Schedule J (Form 990) 2014

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

CEO COMPENSATION:

CONVOY OF HOPE, A RELATED ORGANIZATION, USES THE FOLLOWING METHODS TO

ESTABLISH THE COMPENSATION OF THE CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION STUDY OR SURVEY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS FOR OFFICERS OR DIRECTORS:

IN ADDITION TO BASE COMPENSATION, KEY EXECUTIVES ARE ALSO ELIGIBLE TO

RECEIVE PERFORMANCE BONUS COMPENSATION FROM CONVOY OF HOPE, A RELATED

ORGANIZATION, IN ACCORDANCE WITH CRITERIA OUTLINED IN THE EXECUTIVE

COMPENSATION PLAN. BASE COMPENSATION AND PERFORMANCE BONUSES ARE PROPOSED

BY THE CONVOY OF HOPE COMPENSATION COMMITTEE AND APPROVED BY THE

EXECUTIVE BOARD OF DIRECTORS.

JSA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

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.

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

Name of the organization

Employer identification number
46-2845781

CONVOY OF HOPE FOUNDATION

Par	t 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	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods.							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10.	601,276.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other				l			
15	Real estate - Residential				l			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright ()							
26 27	Other \blacktriangleright ()							
27	Other \blacktriangleright ()							
	Other ►() Number of Forms 8283 received	by the org	pization during the tax y	or for contributions for	<u> </u>			
29	which the organization completed F				29			
	which the organization completed i	0111 0200,	r art iv, Donee Acknowledg	Jennenit i i i i i i i i i i i i i i i i i i			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th				- 1			
	to be used for exempt purposes for	-				30a		Х
b	If "Yes," describe the arrangement in		01					
31	Does the organization have a		tance policy that require	es the review of any r	on-standard			
	contributions?			-		31	Х	
32a	Does the organization hire or use							
	contributions?	-	—			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report ar	n amount in	column (c) for a type of pro	operty for which column (a) is checked,			
	describe in Part II.							
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule I	M (For	m 990)	(2014)

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

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS:

THE NUMBERS IN COLUMN B REPRESENT THE NUMBER OF TIMES A CONTRIBUTION WAS

MADE FOR EACH CORRESPONDING LINE ITEM.

Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service Name of the organization

CONVOY OF HOPE FOUNDATION

Employer identification number

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION:

SPECIFICALLY THE ORGANIZATION CAN SUPPORT CHRISTIAN EVANGELISM AND ALSO MAKE GIFTS TO OTHER QUALIFIED SECULAR CHARITABLE ORGANIZATIONS THAT WOULD POSITIVELY ADVANCE OR COMPLIMENT COH'S ETHOS. IN ADDITION, UNDER THE FOUNDATION'S DONOR ADVISED FUND PROGRAM, THE FOUNDATION CAN ACCEPT DONOR REQUESTS TO MAKE GIFTS TO CONVOY OF HOPE AND OTHER QUALIFIED CHARITABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7A OTHER PERSONS WHO HAVE THE POWER TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY:

CONVOY OF HOPE, A RELATED ORGANIZATION, HAS THE POWER TO ELECT, APPOINT OR REMOVE ANY TRUSTEES TO THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINES 8A & 8B DOCUMENTATION OF BOARD MEETINGS:

CONVOY OF HOPE FOUNDATION DID NOT HAVE ANY FORMAL BOARD MEETINGS DURING FISCAL YEAR 2014, BUT HAD ITS FIRST FORMAL BOARD MEETING ON MARCH 17, 2015.

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE

Schedule O (Form 990 or 990-EZ) 2014						
Name of the organization	Employer identification number					
CONVOY OF HOPE FOUNDATION	46-2845781					

AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY CONVOY OF HOPE'S FINANCE DEPARTMENT. THE DRAFT OF THE 990 IS REVIEWED AND DISCUSSED BY CONVOY OF HOPE'S AUDIT COMMITTEE. COPIES OF THE FINAL FORM 990 ARE EMAILED TO EACH FOUNDATION TRUSTEE PRIOR TO THE FILING DEADLINE. IN THE EVENT THE ORGANIZATION IN UNABLE TO PROVIDE THE FORMS PRIOR TO FILING, COPIES ARE PROVIDED TO FOUNDATION TRUSTEES AS SOON AS POSSIBLE. TRUSTEES ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CONTACT THE PREPARER WITH ANY QUESTIONS OR CONERNS.

FORM 990, PART VI, SECTION B, LINE 12C

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

FORM 990, PART VI, SECTION B, LINES 15A & 15B REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION:

Schedule O (Form 990 or 990-EZ) 2014		Page 2
Name of the organization	Employer identification number	
CONVOY OF HOPE FOUNDATION	46-2845781	

CONVOY OF HOPE, A RELATED ORGANIZATION, COMPENSATES THE CEO. 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, SECTION C, LINE 19 GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: CONVOY OF HOPE'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. THE FOUNDATION'S FORM 990, THE CONFLICT OF INTEREST POLICIES AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

JSA

46-2845781

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

CONVOY OF HOPE FOUNDATION

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

		-		-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(2)					
(3)					
(4)					
(5)					
(6)					

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

	(a) EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
							Yes	No
(1) CONVOY OF HOPE	68-0051386							
330 S PATTERSON AVE	SPRINGFIELD, MO 65802	MISSIONS	CA	501(C)(3)	7	N/A		Х
(2) COH CORPORATION, INC.	46-2840126							
330 S PATTERSON AVE	SPRINGFIELD, MO 65802	SUPPORT	DE	501(C)(3)	11 A I	СОН		Х
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2014

JSA 4E1307 1.000 OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-2845781

Schedule R (Form 990) 2014

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
_(1)	4											
(2)												
(2)	-											
(3)	1											
(4)	-											
(5)												
	_											
(6)												
(7)	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sectio 512(b)(controll entity
(1)	-						Yes N
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)	-						

JSA 4E1308 1.000 Schedule R (Form 990) 2014

46-2845781

Schedule R (Form 990) 2014

Part	Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	_oans or loan guarantees by related organization(s)				1e		Х
	· · · · · · · · · · · · · · · · · · ·						
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	ease of facilities, equipment, or other assets to related organization(s)				1j		Х
-							
k	ease of facilities, equipment, or other assets from related organization(s)				1k		Х
Ι	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
	• • • • • • • • • • • • • • • • • • • •						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
-							
r	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s)				1s		Х
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and transa	action thre	sholds	s.	
	(a) Name of related organization	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of dete Int invo		ıg
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		unite			
(1)							
(2)							
(3)							
(4)							
(-)							
(5)							
(0)							
(6)			0.54	adula B //		<u> </u>	2014
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	Primary activity Legal domicile Predominant Are all partners Sha		(f) Share of total income				(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership			
			sections 512-514)	Yes	No			Yes	No	0	Yes	No	
	_												
•													
								+			-		

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Schedule R (Form 990)	2014
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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).