

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**


<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CONVOY OF HOPE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 S. PATTERSON AVE. City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 65802 <b>F Name and address of principal officer:</b> HAL DONALDSON SAME AS C ABOVE	<b>D Employer identification number</b> 68-0051386 <b>E Telephone number</b> 417-823-8998 <b>G Gross receipts \$</b> 178,473,970. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.CONVOYOFHOPE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1984		<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>RESPONDING TO THE NEEDS OF THE IMPOVERISHED AND SUFFERING.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 18 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 14 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> 180 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 57861 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. 7b Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> 0.		
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
8 Contributions and grants (Part VIII, line 1h) .....		174,930,532.	176,728,792.
9 Program service revenue (Part VIII, line 2g) .....		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		90,249.	-32,328.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		58,799.	-1,622,012.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		175,079,580.	175,074,452.
<b>Expenses</b>			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		56,609,401.	138,128,813.
14 Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		12,597,381.	14,828,923.
16a Professional fundraising fees (Part IX, column (A), line 11e) .....		321,176.	765,512.
<b>b Total fundraising expenses</b> (Part IX, column (D), line 25) ▶ 11,109,897.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		88,404,108.	15,268,851.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		157,932,066.	168,992,099.
19 Revenue less expenses. Subtract line 18 from line 12 .....		17,147,514.	6,082,353.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
20 Total assets (Part X, line 16) .....		52,220,932.	58,542,525.
21 Total liabilities (Part X, line 26) .....		4,582,027.	3,488,422.
22 Net assets or fund balances. Subtract line 21 from line 20 .....		47,638,905.	55,054,103.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer HAL DONALDSON, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KAREN GRIES	Preparer's signature 
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 12721 METCALF AVENUE, SUITE 104 OVERLAND PARK, KS 66213	Date 09/24/19
	Firm's EIN ▶ 41-0746749	Check if self-employed <input type="checkbox"/> PTIN P00078514
	Phone no. (913) 491-6655	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CONVOY OF HOPE IS A FAITH-BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH CHILDREN'S FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER RESPONSE, AND STRATEGIC PROGRAM PARTNERS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 69,409,850. including grants of \$ 62,324,188. ) (Revenue \$ 0. ) INTERNATIONAL COMMUNITY DEVELOPMENT - THE ORGANIZATION FIGHTS HUNGER AND UNDERNUTRITION THROUGH DISTRIBUTION OF NUTRIENT DENSE FOODS AND MICRONUTRIENT SUPPLEMENTATION IN FOOD INSECURE COMMUNITIES. IN ADDITION TO MEETING IMMEDIATE NUTRIENT NEEDS, CONVOY OF HOPE WORKS IN A GROWING NUMBER OF LOCATIONS ON HYGIENE PROMOTION, DISEASE PREVENTION, CLEAN WATER AND SANITATION PROJECTS, AGRICULTURAL TRAINING AND INCOME GENERATING ACTIVITIES (UNAUDITED). SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code: ) (Expenses \$ 62,152,528. including grants of \$ 59,155,061. ) (Revenue \$ 0. ) STRATEGIC PROGRAM PARTNERS - THROUGH COLLABORATION WITH CAREFULLY SELECTED, EXPERT, LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS IMPACT BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS THAT ARE INTEGRAL TO EXTENDING THE OVERALL MISSION OF CONVOY OF HOPE. CONVOY OF HOPE HAS PROVIDED SIGNIFICANT RESOURCES TO ORGANIZATIONAL PARTNERS AROUND THE WORLD.

4c (Code: ) (Expenses \$ 19,701,654. including grants of \$ 16,649,564. ) (Revenue \$ 0. ) DISASTER RESPONSE - THE ORGANIZATION PROVIDES INITIAL RESPONSE TEAMS, INCIDENT SUPPORT, AND LONG TERM RECOVERY SOLUTIONS THROUGH ITS DEDICATED VOLUNTEER NETWORK, FLEET OF TRACTOR-TRAILERS AND RESPONSE EQUIPMENT, 300,000 SQUARE FOOT WORLD DISTRIBUTION CENTER AND ON-THE-GROUND PARTNERS. SINCE 1998, THE ORGANIZATION HAS QUICKLY AND EFFECTIVELY PROVIDED EMERGENCY FOOD, WATER, SHELTER AND SUPPLIES TO SURVIVORS THROUGHOUT THE WORLD. DURING 2018, CONVOY OF HOPE RESPONDED GLOBALLY TO 39 DISASTERS. THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 1948 LOADS OF DISASTER RELIEF SUPPLIES, INCLUDING 64,081,877 MEALS, TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 16 STATES AND 20 COUNTRIES (UNAUDITED).

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

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

SEE SCHEDULE O FOR FULL LIST OF STATES

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRAD ROSENBERG CHAIRMAN	1.00 0.00	X		X				24,000.	0.	0.
(2) COURT DURKALSKI VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(3) BRAD TRASK SECRETARY	1.00 0.00	X		X				250.	0.	0.
(4) SCOTT HOWARD TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) TOM CARTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) AARON COLE DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) BARRY COREY, PH.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) DAVID CRIBBS DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) NICK GARZA DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) SAM HUDDLESTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) RANDY HURST DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) CHERYL JAMISON DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) TELVIN JEFFRIES DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) KLAYTON KO DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) KAY LOGSDON DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) HUGH OSSIE MILLS DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) SHERILYNN TOUNGER DIRECTOR	1.00 0.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DISHAN WICKRAMARATNE DIRECTOR	1.00 0.00	X					0.	0.	0.	
(19) KIRK YAMAGUCHI DIRECTOR	1.00 0.00	X					0.	0.	0.	
(20) HAL DONALDSON PRESIDENT	40.00 2.00			X			289,163.	0.	47,766.	
(21) KREGG HOOD SR VP AND CBO	40.00 1.00			X			190,343.	0.	9,127.	
(22) KEITH BOUCHER SENIOR VP AND COO	40.00 0.00			X			196,812.	0.	40,056.	
(23) RICK WAGGONER VP-DEVELOPMENT	40.00 0.00				X		162,640.	0.	40,385.	
(24) DANIEL CLARK, JR VP-PARTNER DEVELOPMENT	40.00 0.00				X		178,057.	0.	2,448.	
(25) DANIEL RICE PHILANTHROPY ARCHITECT	40.00 0.00					X	123,653.	0.	124.	
(26) KARY KINGSLAND SENIOR VP-GLOBAL INITIATIVES	40.00 0.00					X	132,354.	0.	4,248.	
<b>1b Sub-total</b>							1,297,272.	0.	144,154.	
<b>c Total from continuation sheets to Part VII, Section A</b>							358,901.	0.	5,951.	
<b>d Total (add lines 1b and 1c)</b>							1,656,173.	0.	150,105.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CELEBRITY CRUISES INC 1050 CARIBBEAN WAY, MIAMI, FL 33132	FEES FOR DESTINATION DEVELOPMENT EVENTS	1,797,342.
RESOLUTION INC, 5620 TCHOUPITOULAS ST, NEW ORLEANS, LA 70115	INTERNATIONAL FREIGHT	1,733,583.
WESTFALL GROUP INC 75 14TH ST NE STE 3050, ATLANTA, GA 30309	PROFESSIONAL DEVELOPMENT AND PROD	697,265.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **38**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	32,818.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	48,910.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	176,647,064.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		127,649,592.				
	<b>h Total.</b> Add lines 1a-1f		176,728,792.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		247,786.			247,786.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	559,424.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	421,912.				
		<b>c</b> Rental income or (loss)	137,512.				
	<b>d</b> Net rental income or (loss)		137,512.			137,512.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	11,580.				
		<b>b</b> Less: cost or other basis and sales expenses	291,694.				
		<b>c</b> Gain or (loss)	-280,114.				
	<b>d</b> Net gain or (loss)		-280,114.			-280,114.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	66,121.				
		<b>b</b> Less: direct expenses	2,683,004.				
<b>c</b> Net income or (loss) from fundraising events			-2,616,883.			-2,616,883.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	25,302.					
	<b>b</b> Less: cost of goods sold	2,908.					
	<b>c</b> Net income or (loss) from sales of inventory		22,394.			22,394.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISSIONARY PARTNERS REVENUE		480000	627,398.			627,398.	
<b>b</b> MISCELLANEOUS INCOME		900099	207,567.			207,567.	
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			834,965.				
<b>12 Total revenue.</b> See instructions			175,074,452.	0.	0.	-1,654,340.	

**Part IX Statement of Functional Expenses**

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

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

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

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>CONVOY OF HOPE</b>	Employer identification number <b>68-0051386</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	110,928,740.	126,827,379.	136,003,027.	174,930,532.	176,728,792.	725,418,470.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	53,237.	28,971.	17,624.	91,476.	807,210.	998,518.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	205,328.	310,735.	315,476.	298,064.	0.	1,129,603.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	284,409.	375,678.	446,281.	517,007.	834,965.	2,458,340.
<b>11 Total support.</b> Add lines 7 through 10						730,004,931.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.75 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	89.70 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2014 AMOUNT: \$ 284,409.

2015 AMOUNT: \$ 373,987.

2016 AMOUNT: \$ 445,583.

2017 AMOUNT: \$ 517,007.

2018 AMOUNT: \$ 834,965.

SALE OF MERCHANDISE

2015 AMOUNT: \$ 1,691.

2016 AMOUNT: \$ 698.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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 for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>CONVOY OF HOPE</b>	Employer identification number  <b>68-0051386</b>
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**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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,005,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>20,030,328.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>15,447,997.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>12,911,362.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>11,227,031.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>10,081,633.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CONVOY OF HOPE</b>	Employer identification number  <b>68-0051386</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>7,065,036.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>6,251,538.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>4,024,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>CONVOY OF HOPE</b>	Employer identification number  <b>68-0051386</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	RICE & SOY MEALS _____ _____ _____	\$ 20,030,328.	12/19/18
3	CEREAL, SNACKS _____ _____ _____	\$ 15,447,997.	12/19/18
4	MRE ' S _____ _____ _____	\$ 12,911,362.	11/20/18
5	MEDICINE _____ _____ _____	\$ 11,227,031.	11/06/18
6	CANDY _____ _____ _____	\$ 10,081,633.	12/11/18
7	RICE & SOY MEALS _____ _____ _____	\$ 7,065,036.	12/20/18

Name of organization  <b>CONVOY OF HOPE</b>	Employer identification number  <b>68-0051386</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	SHOES _____ _____ _____	\$ <u>6,251,538.</u>	<u>11/18/18</u>
9	SOCKS _____ _____ _____	\$ <u>4,024,000.</u>	<u>08/09/18</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>CONVOY OF HOPE</b>	Employer identification number <b>68-0051386</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	11	
2 Aggregate value of contributions to (during year) .....	309,819.	
3 Aggregate value of grants from (during year) .....	269,461.	
4 Aggregate value at end of year .....	2,212,091.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  .00 %
- c Temporarily restricted endowment  .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

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

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMUNITY FOUNDATION OF		
(B) THE OZARKS - HOPE FUND	31,813.	COST
(C) COMMUNITY FOUNDATION OF		
(D) THE OZARKS - SPRINGFIELD		
(E) FUND	21.	COST
(F) ASPER-COH, LLC INVESTMENT		
(G) ACCOUNT	2,011,214.	COST
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>3,117,491.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME AND, ACCORDINGLY, PAYS ESTIMATED TAXES. IN ACCORDANCE WITH THE PROVISIONS ASSOCIATED WITH ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS ANALYZED ITS VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS ARE WELL DOCUMENTED AND SUPPORTED. ADDITIONALLY, MANAGEMENT BELIEVES THAT NO ACCRUALS FOR TAX LIABILITIES RELATED TO UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. THEREFORE, NO RESERVES FOR UNCERTAIN INCOME TAX POSITIONS HAVE BEEN RECORDED. THERE HAVE BEEN NO INCREASES OR DECREASES IN UNRECOGNIZED TAX BENEFITS FOR CURRENT OR PRIOR YEARS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN INCLUDED SINCE NO RESERVES WERE RECORDED AND NO SIGNIFICANT

**Part XIII** Supplemental Information (continued)

INCREASES OR DECREASES ARE EXPECTED TO OCCUR WITHIN THE NEXT 12 MONTHS.  
WHEN APPLICABLE, INTEREST AND PENALTIES WILL BE REPORTED AS A COMPONENT OF  
INCOME TAX EXPENSE.

Multiple horizontal lines for supplemental information.





**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	3	41	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	47,703,135.
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		1,063,672.
CENTRAL AMERICA & CARIBBEAN	0	0	DEVELOPMENT		109,477.
EAST ASIA & THE PACIFIC	1	19	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	2,222,770.
EAST ASIA & THE PACIFIC	0	0	GRANTS		37,100.
EAST ASIA & THE PACIFIC	0	0	DEVELOPMENT		190.
EUROPE	1	13	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT, SPIRITUAL EMPHASIS	595,550.
EUROPE	0	0	GRANTS		86,096.
<b>3 a Subtotal</b> .....	5	73			51,817,990.
<b>b Total from continuation sheets to Part I</b> .....	3	78			10,019,461.
<b>c Totals</b> (add lines 3a and 3b) .....	8	151			61,837,451.

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

Schedule F (Form 990) 2018

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	DEVELOPMENT		28,386.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	REFUGEE RESPONSE	348,893.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		566,574.
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT	396,373.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF	1,168,378.
SOUTH ASIA	0	0	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, DISASTER RELIEF	102,094.
SOUTH ASIA	0	0	GRANTS		140,713.
SOUTH ASIA	0	0	DEVELOPMENT		1,641.
SUB-SAHARAN AFRICA	3	78	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	3,659,541.
SUB-SAHARAN AFRICA	0	0	GRANTS		390,130.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	DEVELOPMENT		22,292.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE	2,914,168.
NORTH AMERICA	0	0	GRANTS		267,770.
NORTH AMERICA	0	0	DEVELOPMENT		12,508.
<b>Totals</b> .....	3	78			10,019,461.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	53,890.	WIRE	0.		
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	5,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM PARTNER	10,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM PARTNER	10,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM PARTNER	75,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM PARTNER	55,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM PARTNER	25,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM PARTNER	139,500.	WIRE	0.		

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

3 Enter total number of other organizations or entities ..... **0**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	81,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	156,900.	WIRE	0.		
		NORTH AMERICA	PROGRAM PARTNER	90,000.	WIRE	0.		
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		113,400.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		132,718.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		294,219.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		1,371,721.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		226,800.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		22,541,966.	FOOD & SUPPLIES	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		237,600.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		81,131.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		424,022.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		118,800.	FOOD & SUPPLIES	FMV
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		117,471.	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	0.		84,856.	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	0.		365,615.	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	0.		113,400.	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	0.		996,972.	FOOD & SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	0.		113,400.	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	0.		113,400.	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	0.		118,800.	FOOD & SUPPLIES	FMV
		MIDDLE EAST & NORTH AFRICA	PROGRAM PARTNER	0.		337,215.	FOOD & SUPPLIES	FMV
		MIDDLE EAST & NORTH AFRICA	PROGRAM PARTNER	0.		83,160.	FOOD & SUPPLIES	FMV
		SOUTH AMERICA	PROGRAM PARTNER	0.		1,057,386.	FOOD & SUPPLIES	FMV
		NORTH AMERICA	PROGRAM PARTNER	0.		150,834.	FOOD & SUPPLIES	FMV
		NORTH AMERICA	PROGRAM PARTNER	0.		82,009.	FOOD & SUPPLIES	FMV
		NORTH AMERICA	PROGRAM PARTNER	0.		1,184,059.	FOOD & SUPPLIES	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM PARTNER	0.		411,424.	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	15,000.	WIRE	0.		
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	0.		115,632.	FOOD & SUPPLIES	FMV
		RUSSIA & NEIGHBORING STATES	PROGRAM PARTNER	0.		356,400.	FOOD & SUPPLIES	FMV

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2018

**Part V Supplemental Information**

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

**PART I, LINE 2:**

CONVOY OF HOPE MAINTAINS PARTNERSHIP RELATIONSHIPS WITH ORGANIZATIONS WORLDWIDE AND MONITORS THEIR PROGRAM NEEDS AND ABILITY TO FURTHER CARRY OUT CONVOY OF HOPE'S MISSION IN OTHER COUNTRIES IN AN EFFECTIVE AND EFFICIENT MANNER. CONVOY OF HOPE'S GLOBAL INITIATIVES TEAM MEMBERS SCREEN RECIPIENT ORGANIZATIONS AND COMPLETES RANDOM COUNTRY VISITS TO MONITOR THE USE OF GRANTS AND OUTCOMES.

**PART I, LINE 3, COLUMN (E):**

REGION: CENTRAL AMERICA & CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS

REGION: EAST ASIA & THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BERKEY, BRENDLE, SCHELINE - 60 SHIAWASSEE AVE, FAIRLAWN, WESTFALL GROUP - 75 14TH STREET NE SUITE 3050,	DEVELOPMENT CONSULTANT		X	968,394.	68,247.	900,147.
	DEVELOPMENT CONSULTANT		X	197,810.	697,265.	-499,455.
<b>Total</b>				1,166,204.	765,512.	400,692.

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

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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

(I) NAME OF FUNDRAISER: BERKEY, BRENDLE, SCHELINE  
 (I) ADDRESS OF FUNDRAISER: 60 SHIAWASSEE AVE, FAIRLAWN, OH 44333  
 \_\_\_\_\_  
 (I) NAME OF FUNDRAISER: WESTFALL GROUP  
 (I) ADDRESS OF FUNDRAISER: 75 14TH STREET NE SUITE 3050, ATLANTA, GA 30309

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADOPT A BLOCK DBA A CAN CAN MAKE A DIFFERENCE - 1607 CROMWELL BRIDGE RD - BALTIMORE, MD 21234-1416	52-1758039	501(C)3	0.	14,845.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ABSOLUTE CHURCH 11507 HWY 5 CABOT, AR 72023	81-5303060	501(C)3	0.	5,832.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ABUNDANCE MINISTRY INC 1545 SOUTH MISSION AVE. BOLIVAR, MO 65613	26-2662879	501(C)3	0.	155,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ADRIAN VICTORY ASSEMBLY OF GOD, DBA THE GENERAL COUNCIL OF THE ASSEMBLIES O - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO 65802	44-0577787	501(C)3	0.	10,022.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
AFRICAN AMERICAN ASSOC OF GEORGIA INC. - 4360 COMMERCE CIRCLE - ATLANTA, GA 30336-1948	37-1426340	501(C)3	0.	526,324.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
AFRICA'S HOPE, DBA THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD (ASSEMBLIES - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO 65802	44-0577787	501(C)3	0.	11,507.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALDEN METHODIST CHURCH, DBA THE PEOPLE OF THE UNITED MEHTODIST CHURCH - 305 N PIONEER - ALDEN, KS 67512	48-0887739	501(C)3	0.	53,919.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
AMBASSADORS FOR CHRIST IN HAITI 3012 MOCKINGBIRD DRIVE ST CHARLES, MO 63301-1273	91-0193796	501(C)3	0.	178,200.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
AMERICAN GI FORUM NATIONAL VETERANS OUTREACH PROGRAM - 611 N FLORES ST STE 200 - SAN ANTONIO, TX 78205-1255	74-2033203	501(C)3	0.	23,291.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ASSEMBLIES OF GOD FAMILY SERVICES 2325 MALVERN AVE HOT SPRINGS, AR 71901-8037	20-5112679	501(C)3	0.	9,475.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BAYOU RECOVERY PROJECT PO BOX 218 BAYOU LABATRE, AL 36509-0218	43-2107455	501(C)3	0.	165,261.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BEFORE THE TRANSITION 29991 CANYON HILLS RD STE 1709-527 LAKE ELSINORE, CA 92532-2579	27-1145135	501(C)3	0.	20,344.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BETHEL ASSEMBLY OF GOD P.O. BOX 140 GARDEN CITY, MO 64747-0140	43-1504777	501(C)3	0.	8,393.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BETHEL ASSEMBLY OF GOD 1201 N. WILLIAM PARKHURST DR SEDALIA, MO 65301-0000	71-0920732	501(C)3	0.	7,874.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BETHEL MISSION INC. 200 N BETHEL ST. ROMA, TX 78584-0609	23-7109091	501(C)3	0.	167,238.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA MISSION PO BOX 3041 HARRISBURG, PA 17105	23-1389397	501(C)3	0.	1,105,749.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLY OF GOD 4825 WHITE AVE S BLACKWELL, OK 74631-9513	90-0746442	501(C)3	0.	17,207.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)3	0.	13,842.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BLESSMAN INTERNATIONAL INC. 2527 106 TH STREET URBANDALE, IA 50322-0000	42-1523757	501(C)3	0.	477,716.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD (BRANSON) P.O. BOX 863 BRANSON, MO 65615-0863	46-1628976	501(C)3	0.	9,741.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BRANSON PUBLIC SCHOOL 263 BUCCANEER DR. BRANSON, MO 65616	44-6004953	501(C)3	0.	14,463.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE MINISTRY INC PO BOX 12 LYNNVILLE, IN 47619-0012	35-1672783	501(C)3	0.	1,001,940.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE INTERNATIONAL INC 920 CENTER CHURCH RD EAST EARL, PA 17519-9310	75-2957263	501(C)3	0.	3,366,829.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BRIDGE OF FAITH PO BOX 9108 WHITTIER, CA 90608-9108	95-4625811	501(C)3	0.	27,430.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWNSVILLE TEEN CENTER 1434 E SAN BARCELO BLVD BROWNSVILLE, TX 78526-1961	31-1662809	501(C)3	0.	75,180.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ASSEMBLY OF GOD (BUCKLIN) 96 S LIVINGSTON ST BUCKLIN, MO 64631-9002	43-1348080	501(C)3	0.	7,314.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CALVARY CHRISTIAN ASSEMBLY OF GOD 9048 W. STATE HWY 266 SPRINGFIELD, MO 65802-8746	43-1509418	501(C)3	0.	6,882.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CALVARY LIFE ASSEMBLY OF GOD PO BOX 86 HOBART, OK 73651-0086	73-1449552	501(C)3	0.	32,886.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FIRST ASSEMBLY OF GOD (CAVE CITY) P.O. BOX 430 CAVE CITY, AR 72521-0430	71-0573119	501(C)3	0.	11,363.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CENTER FOR EMPLOYMENT OPPORTUNITIES - 50 BROADWAY 16TH FLOOR - NEW YORK, NY 10004-1607	13-3843322	501(C)3	0.	22,633.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CHILDREN'S HUNGER FUND 13931 BALBOA BLVD. SYLMAR, CA 91342	95-4335462	501(C)3	0.	10,551,347.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CHRISTIAN ACTION MINISTRIES 610 S 6TH ST BRANSON, MO 65616-2813	43-1355905	501(C)3	0.	212,521.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CHURCH OF GLAD TIDINGS PO BOX 1630 YUBA CITY, CA 95992-1630	94-2326543	501(C)3	0.	117,132.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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

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CHURCH ON THE HILL AKA THE HILL-VALLEJO - 210 LOCUST PRAIRIE - VALLEJO, CA 94591-4219	94-1347030	501(C)3	0.	20,405.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
COLLINS CHRISTIAN CHURCH 1610 DELAPORTE ST COLLINS, MO 64738	01-2476072	501(C)3	0.	17,298.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR NICH COUNTIES - 710 WEST HIGH STREET - LEXINGTON, KY 40508	61-0650121	501(C)3	0.	6,432.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806-1151	43-1830026	501(C)3	0.	8,063.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CONCSIIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CO 80302-6720	27-0035894	501(C)3	0.	296,515.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CORNERSTONE ASSEMBLY OF GOD 16010 ANNAPOLIS ROAD BOWIE, MD 20715-3043	52-1129473	501(C)3	0.	35,592.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
COX HEALTH 1423 N JEFFERSON AVE SPRINGFIELD, MO 65802-1917	47-1087427	501(C)3	0.	8,992.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CROSS INTERNATIONAL 600 SW 3RD STREET SUISTE 22 POMPANO BEACH, FL 33060	65-1086387	501(C)3	0.	3,348,127.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
COUNCIL OF CHURCHES OF THE OZARKS INC - PO BOX 3947 - SPRINGFIELD, MO 65808-3947	43-0903657	501(C)3	0.	1,471,013.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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CROSSROADS ASSEMBLY OF GOD, DBA THE GENERAL COUNCIL OF THE ASSEMBLIES OF GO - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO	44-0577787	501(C)3	0.	5,296.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CROSSROADS ALLIANCE AND MINISTIRES PO BOX 1000 SILVER SPGS, FL 34489-1000	84-1651362	501(C)3	0.	370,483.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
DESTINY CHURCH OF SAINT LOUIS 1809 DES PERES ROAD SAINT LOUIS, MO 63131	43-1210217	501(C)3	0.	346,814.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
DIAPER BANK OF THE OZARKS 940 N FARM ROAD 199 SPRINGFIELD, MO 65802-9265	46-2851972	501(C)3	0.	7,171.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
DISASTER RELIEF AT WORK INC 1556 TELEGRAPH DR PONTIAC, MI 48340-1031	45-4900831	501(C)3	0.	20,435.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
EL DORADO FAMILY WORSHIP CENTER 701 S ATCHINSON EL DORADO, KS 67042	48-0829807	501(C)3	0.	6,798.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
EL SINORE FIRST A/G 20 N PINE EL SINORE, MO 63937	43-1213016	501(C)3	0.	24,892.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ENGLAND FIRST A/G 608 E FORDYCE ST ENGLAND, AR 72046	71-0515236	501(C)3	0.	8,526.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ESSENCE OF HOPE INC 777 CLEVELAND AVE SW STE 316 ATLANTA, GA 30315-7118	14-1989286	501(C)3	0.	127,179.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 65802-2125	44-0589787	501(C)3	0.	8,024.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FAITH COWBOY CHURCH 6286 SPENCER RD DESLOGE, MO 63628	26-4361786	501(C)3	0.	39,103.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FAMILY RESOURCE CENTER, INC 2735 VIA ORANGE WAY SPRING VALLEY, CA 91978	26-3736086	501(C)3	0.	163,655.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FARMINGTON FIRST A/G DBA OPEN HEART - 1803 N WASHINGTON - FARMINGTON, MO 68503	43-1188615	501(C)3	0.	17,108.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FEED AMERICA FIRST OF TENNESSEE 1105 BLUE SPRINGS RD FRANKLIN, TN 37069-6916	62-1821057	501(C)3	0.	674,943.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
LESEA GLOBAL FEED THE HUNGRY INC. 530 E IRELAND RD SOUTH BEND, IN 46614	32-0053249	501(C)3	0.	304,338.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FIRST ASSEMBLY OF GOD NORTH LITTLE ROCK - 4501 BURROW DRIVE - NORTH LITTLE ROCK, AR 72116	71-0245473	501(C)3	0.	21,658.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FIRST ASSEMBLY OF GOD ST ROBERT 919 Z HIGHWAY ST ROBERT, MO 65584-4652	43-1112313	501(C)3	0.	47,104.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FIRST BAPTIST CHURCH OZARK 1400 W JACKSON OZARK, MO 65721	43-1255236	501(C)3	0.	7,288.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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FLAG SPRINGS CHURCH 17410 COUNTY ROAD 1060 ST. JAMES, MO 65559	43-1079804	501(C)3	0.	6,899.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FOOD FOR MORGAN COUNTY, INC PO BOX 44 VERSAILLES, MO 65084-0044	45-3778751	501(C)3	0.	19,640.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FORDYCE 1ST A/G PO BOX 538 FORDYCE, AR 71742	23-7398691	501(C)3	0.	14,253.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FOUNTAIN OF HOPE 829 HOLLYWOOD ROAD ATLANTA, GA 30318-4769	26-3951956	501(C)3	0.	1,691,747.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
FRIENDSHIP A/G 1771 HWY 163 JONESBORO, AR 72404	71-0567475	501(C)3	0.	8,519.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
GALLOWAY FULL GOSPEL CHURCH 3357 WEST FARM ROAD 146 SPRINGFIELD, MO 65807	43-1636565	501(C)3	0.	18,478.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
GENTRY FIRST ASSEMBLY OF GOD 700 E. MAIN ST GENTRY, AR 72734	71-0541488	501(C)3	0.	16,927.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)3	0.	143,921.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
GOODNESS OUTREACH DEPOT 102 BAYNE RD HASLET, TX 76052-4614	68-0512138	501(C)3	0.	2,501,745.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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GRACE CHAPEL 1508 VIRGINIA AVE JOPLIN, MO 64804	46-3947128	501(C)3	0.	6,156.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH 3101 GRETNA RD BRANSON, MO 65616	46-0527443	501(C)3	0.	12,218.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH - SALEM 600 S. WATER STREET SALEM, MO 65560	43-1227531	501(C)3	0.	24,784.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GREATER MT ZION BAPTIST CHURCH 500 TRAYLOR ST THOMASTON, GA 30286-3769	58-1626269	501(C)3	0.	21,958.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GUTS CHURCH 9120 EAST BROKEN ARROW EXP TULSA, OK 74145-3316	73-1361025	501(C)3	0.	453,258.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HANDS OF HOPE OF IL 511 OAKLEAF CT UNIT C JOLIET, IL 60436-1030	26-0643414	501(C)3	0.	1,604,346.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HANDS OF LOVE FOUNDATION INC. 1932 BENNETTS POINT DR MARIETTA, GA 30068-1586	26-2832041	501(C)3	0.	118,800.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HARBOR LIGHT WORSHIP CENTER 130 WASHINGTON STREET STANTON, KY 40380	47-3607748	501(C)3	0.	464,460.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HARMONY HOUSE 519 EAST CHERRY SPRINGFIELD, MO 65806	42-1573926	501(C)3	0.	15,133.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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HARVEST CHRISTIAN CENTRE - PARK HILLS - 1925 HWY. 32 WEST - PARK HILLS, MO 63601	43-1158954	501(C)3	0.	7,663.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
HEAVANS GATEWAY MINISTRIES, INC 9517 SOUTH MAIN STREET JONESBORO, GA 30236-8707	26-4103730	501(C)3	0.	175,680.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
HOPE AND ENCOURAGEMENT FOR HUMANITY INC. - 631 DEPOT ST - BLISSFIELD, MI 49228-1357	20-2676354	501(C)3	0.	5,092,682.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
HOMELESS PRENATAL 2500 18TH ST. SAN FRANCISCO, CA 94110	94-3146280	501(C)3	0.	90,856.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
I AM A GENTLEMAN INC 3622 S STATE ST APT 413 CHICAGO, IL 60609-1952	81-1396059	501(C)3	0.	13,922.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
IBERIA FIRST ASSEMBLY 2244 HIGHWAY 17 IBERIA, MO 65486	43-1273882	501(C)3	0.	5,622.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
INDUSTRY A/G 108 E HICKORY ST INDUSTRY, IL 61440	36-3148092	501(C)3	0.	5,083.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
EVANGEL TEMPLE 2020 E BATTLEFIELD ST SPRINGFIELD, MO 65804-3803	43-0972180	501(C)3	0.	121,041.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
JAMES RIVER CHURCH 6100 N. 19TH ST OZARK, MO 65721-6694	43-1564676	501(C)3	0.	9,819.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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JESUS REAL INC 2244 E LARK ST SPRINGFIELD, MO 65804-6713	26-4163150	501(C)3	0.	91,949.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
JOPLIN 2ND A/G 402 N SCHIFFERDECKER AVE JOPLIN, MO 64801	43-1266538	501(C)3	0.	5,592.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
KAMILEONS KLOSET PROFESSIONAL DEVELOPMENT INC. - 2451 CUMBERLAND PARKWAY SE RM 3736 - ATLANTA, GA 30339-6136	46-5115573	501(C)3	0.	11,613.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
KEOTA FIRST A/G PO BOX 475 KEOTA, OK 74941	30-0356349	501(C)3	0.	28,946.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
KIDS ACROSS AMERICA 2036 TIMBERLAKE ROAD BRANSON, MO 65616	43-1348373	501(C)3	0.	222,745.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
LICKING ASSEMBLY OF GOD 217 DORSEY ST LICKING, MO 65542	45-3953186	501(C)3	0.	13,914.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
LIFE 360 CHURCH 3581 S KANSAS AVE SPRINGFIELD, MO 65807-4303	43-6109754	501(C)3	0.	10,195.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
LIFE ABUNDANT CHURCH PO BOX 287 BERGMAN, AR 72615-0287	44-0577787	501(C)3	0.	7,702.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
LIFE HOUSE 424 E MONASTERY DR. SPRINGFIELD, MO 65807	80-0455890	501(C)3	0.	18,418.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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LIFE 360 CHURCH 3581 S KANSAS AVE SPRINGFIELD, MO 65807-4303	43-6109754	501(C)3	0.	19,524.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIVING PROOF CHURCH 1207 E NAVASOTA GROESBECK, TX 76642	81-4112238	501(C)3	0.	20,225.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIVING STONES CHURCH 910 E DORRIS AVE MOUNTAIN GROVE, MO 65711-1823	43-1118843	501(C)3	0.	17,102.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LOVING WITH MERCY MINISTRIES 15661 OAK DR KERMAN, CA 93630-1281	46-4359589	501(C)3	0.	103,903.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MARIANNA FIRST A/G 149 E MARTIN LUTHER KING JR DR MARIANNA, AR 72360	71-0520144	501(C)3	0.	7,427.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDLAND A/G PO BOX 76 MIDLAND, AR 72945	71-0627386	501(C)3	0.	7,085.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - ARIZONA 725 E BASELINE RD GILBERT, AZ 85233	41-2120170	501(C)3	0.	825,067.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - BLOOMINGTON 2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501(C)3	0.	2,070,781.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - GEORGIA 220 PARKADE COURT PEACHTREE CITY, GA 30269	62-0535346	501(C)3	0.	752,783.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - INDIANA 6450 S. BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501(C)3	0.	713,290.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
MIDWEST FOOD BANK - PEORIA 9005 N. INDUSTRIAL RD PEORIA, IL 61615	41-2120170	501(C)3	0.	515,018.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DRIVE NEOSHO, MO 64850	44-0577787	501(C)3	0.	744,430.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
MTN VIEW FIRST ASSEMBLY OF GOD 230 W. FIRST ST. #317 MTN. VIEW, MO 65548	43-1273837	501(C)3	0.	5,061.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
MULBERRY FIRST A/G 332 HEARD MULBERRY, AR 72947	71-0560475	501(C)3	0.	6,807.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
NAZARENE COMPASSIONATE MINISTRIES, INC. - 17001 PRAIRIE STAR PARKWAY - LENEXA, KS 66220	43-1550318	501(C)3	0.	178,232.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
NEW BEGINNING FAITH CENTER INC 655 NORTH 10TH ST DECATUR, IN 46733-1254	20-0337311	501(C)3	0.	54,352.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
NEW BEGINNINGS FULL GOSPEL PO BOX 234 MINERAL POINT, MO 63660-0234	36-4557431	501(C)3	0.	19,753.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
NEW HOPE A/G COTATI P.O. BOX 297 COTATI, CA 94931-0297	94-2862176	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

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NEW HOPE FELLOWSHIP 19 NEW SUGAR CREEK RD FENTON, MO 63026	43-1272118	501(C)3	0.	6,871.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
NPOWER, INC 55 WASHINGTON STREET, SUITE 560 NEW YORK, NY 11201	13-4145441	501(C)3	0.	17,954.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
COMMUNITY PARTNERSHIP OF THE OZARKS, DBA ONE DOOR - 330 N. JEFFERSON AVENUE - SPRINGFIELD, MO 65806-1155	43-1830026	501(C)3	0.	8,308.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
OPEN HEART A/G 1803 N WASHINGTON ST FARMINGTON, MO 63640	43-1188615	501(C)3	0.	38,367.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)3	0.	198,543.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
OPERATION COMPASSION A TENNESSEE NON-PROFIT CORPORATION - 114 STUART RD NE PMB 370 - CLEVELAND, TN 37312-4803	62-1697490	501(C)3	0.	149,075.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
OPERATION FOOD SEARCH 1644 LOTSIE BLVD ST. LOUIS, MO 63132	43-1241854	501(C)3	0.	113,631.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
PASSION ASSEMBLY OF GOD 806 N FORSET AVE SPRINGFIELD, MO 65802-4416	43-1631596	501(C)3	0.	5,817.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT
PENTECOSTAL CHURCH OF GOD P.O. BOX ENGLAND, AR 72046-0437	71-0750763	501(C)3	0.	8,111.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULTMENT

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PEOPLES CITY MISSION 110 Q STREET LINCOLN, NE 68508-2345	47-0723542	501(C)3	0.	134,291.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD - PERRYVILLE 1324 W GRAND AVE PERRYVILLE, MO 63775-1684	43-1288379	501(C)3	0.	10,554.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PLEASANT HOPE A/G 5636 HIGHWAY H PLEASANT HOPE, MO 65725	38-3792018	501(C)3	0.	10,853.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PLEASANT PLAINS FIRST A/G INC. P.O. BOX 224 PLEASANT PLAINS, AR 72568-0224	46-4942001	501(C)3	0.	17,924.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PLEASANT VIEW BAPTIST 242 PLEASANT VIEW RD HIGHLANDVILLE, MO 65669	04-3766761	501(C)3	0.	5,519.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PROJECT FOR PRIDE IN LIVING, INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 55404	23-7232208	501(C)3	0.	42,239.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PROJECT P.L.A.S.E. INC 3549 OLD FREDERICK ROAD #3601 BALTIMORE, MD 21229-3828	23-7367331	501(C)3	0.	36,776.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RED CROSS - SPRINGFIELD 1545 N WEST BYPASS SPRINGFIELD, MO 65803	53-0196604	501(C)3	0.	10,732.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ROD BAKER MINISTRIES PO BOX 701286 TULSA, OK 74170-1286	73-1610281	501(C)3	0.	1,956,038.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSE BUD ASSEMBLY OF GOD P.O. BOX 214 ROSE BUD, AR 72137-0214	82-0562795	501(C)3	0.	25,093.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RURAL COMPASSION 330 S PATTERSON AVENUE SPRINGFIELD, MO 65802	20-0870007	501(C)3	0.	4,389,412.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RUTH PAZ FOUNDATION 17 WAERLY PL DESTREHAN, LA 70047-2127	72-1411723	501(C)3	0.	2,154,556.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SAM CARE INT'L 1309 W VALENCIA DR. #A FULLERTON, CA 92833	92-0185626	501(C)3	0.	340,200.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SAMMY'S WINDOW 509 S. CAVALIER SPRINGFIELD, MO 65802	43-1895965	501(C)3	0.	31,755.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SAN JACINTO COMMUNITY COLLEGE FOUNDATION PASEDENA TEXAS - 4624 FAIRMONT PARKWAY NO 212 - PASADENA, TX 77504-3323	76-0502278	170(B)(1)(A)(VI)	0.	6,650.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SOUTHWEST CENTER FOR INDEPENDENT LIVING (SCIL) - 2864 NETTLETON - SPRINGFIELD, MO 65807-5970	43-1383616	501(C)3	0.	17,976.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SERVE 6.8 242 CONIFER ST FT. COLLINS, CO 80524	46-1737255	501(C)3	0.	48,376.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SERVE THE PEOPLE 12065 17TH ST. SANTA ANA, CA 92701	27-0421556	501(C)3	0.	2,322,165.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEYMOUR LIFE CHURCH P.O. BOX 460 SEYMOUR, MO 65746-0460	43-1141931	501(C)3	0.	5,837.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SHARE OUR SELVES CORPORATION 1550 SUPERIOR AVENUE COSTA MESA, CA 92627-3653	81-3076983	501(C)3	0.	36,930.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SHILOH D CENTER 2099 THOMAS RD. MEMPHIS, TN 38134	83-0471038	501(C)3	0.	393,874.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SIKESTON FIRST ASSEMBLY OF GOD 306 S. KINGSHIGHWAY ST SIKESTON, MO 63801-2948	43-0827747	501(C)3	0.	6,373.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SOLID ROCK ASSEMBLY; DBA GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	0.	47,463.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SOLID ROCK/ FARMINGTON 126 HOLLY TREE LANE FARMINGTON, MO 63640	43-1542115	501(C)3	0.	7,419.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SOULFIRE MINISTRIES P.O. BOX 342 ASH GROVE, MO 65604-0342	45-2572428	501(C)3	0.	11,586.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION - 555 BERGEN AVENUE - BRONX, NY 10455	13-2736022	501(C)3	0.	38,207.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SOUTHERN CRESCENT RESOURCE MINISTRY - 112 PARK WEST DRIVE - MCDONOUGH, GA 35252	58-2097740	501(C)3	0.	1,076,336.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHPOINTE CHRISTIAN CENTER 7520 STOCKTON BLVD SACRAMENTO, CA 95823	94-2717602	501(C)3	0.	26,471.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SPRINGFIELD VICTORY MISSION P.O. BOX 2884 SPRINGFIELD, MO 65801	43-1592707	501(C)3	0.	283,592.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TABERNACLE OF GOD MINISTRIES 507 N 9TH AVE DILLON, SC 29536	57-0956069	501(C)3	0.	596,211.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE COMMUNITY PANTRY 1130 E HASLER VALLEY ROAD GALLUP, NM 87301	85-0460193	501(C)3	0.	118,800.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE FAITH CENTER INC. 4600 N ROYAL ATLANTA DR. TUCKER, GA 30084-3830	26-2561367	501(C)3	0.	53,264.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE GATHERING TREE/EDEN VILLAGE PO BOX 2364 SPRINGFIELD, MO 65801	46-1371575	501(C)3	0.	35,340.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE JAMES NETWORK 1312 E 310TH ROAD FLEMINGTON, MO 65650-9568	32-0437714	501(C)3	0.	13,077.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE KITCHEN INC 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803-2819	43-1384531	501(C)3	0.	56,151.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (COLUMBIA) - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	501(C)3	0.	16,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY NATIONAL CORP (JEFFERSON CITY) - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	501(C)3	0.	12,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (JOPLIN) - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	501(C)3	0.	48,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (KC) 615 SLATERS LN ALEXANDRIA, VA 22314-1112	22-2406433	501(C)3	0.	72,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (SPRINGFIELD, MO) - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	501(C)3	0.	76,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALVATION ARMY NATIONAL CORP (ST. LOUIS) - 615 SLATERS LN - ALEXANDRIA, VA 22314-1112	22-2406433	501(C)3	0.	206,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TROSA RESIDENTIAL INC. 1820 JAMES STREET DURHAM, NC 27707-2024	54-2189695	501(C)3	0.	37,648.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRINITY CHURCH 17801 NW 2ND AVE MIAMI, FL 33169-5029	59-1201093	501(C)3	0.	45,196.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRINITY FAITH CHURCH P.O. BOX 1864 LIBERAL, KS 67905-1864	48-0943372	501(C)3	0.	9,436.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
UNION MISSION PCG 607 4TH ST MENA, AR 71953-0127	71-0767210	501(C)3	0.	6,753.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY FOOD BANK, DBA RESCURE MISSION ALLIANCE - 315 NORTH A STREET - OZNARD, CA 93030	23-7278002	501(C)3	0.	15,865.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
VIBRANT CHURCH ASSEMBLY OF GOD INC. - 2025 WILLISTON RD - SOUTH BURLINGTON, VT 05403	03-0261577	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
VULCAN ASSEMBLIES OF GOD, DBA GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	0.	5,166.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SEEK YE THE WAY OF THE CROSS MINISTRY INC. - 1003 E TAFT AVENUE - HARLINGEN, TX 78550-7502	74-2585510	501(C)3	0.	2,854,260.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
WE CARE FOR ALL 4700 STEELE DRIVE HAMPTON, GA 30228	58-2553019	501(C)3	0.	1,298,577.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
WESTSIDE FAMILY LIFE CENTER 1274 CR 5270 WILLOW SPRINGS, MO 65793	43-2036916	501(C)3	0.	9,400.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
WILLOW SPRINGS WEST SIDE FAMILY CENTER - 1274 CO RD 5270 - WILLOW SPRINGS, MO 65793	43-2036916	501(C)3	0.	16,707.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
WOMEN HELPING WOMEN, INC 2803 MCGAW AVE. IRVINE,, CA 92614	33-0576900	501(C)3	0.	6,537.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
WORD OF GRACE ASSEMBLY OF GOD CHURCH - 2909 HIGHWAY 278 E - HOPE, AR 71801-6251	20-1245864	501(C)3	0.	22,316.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORD OF LIFE NAZARENE 12 HOFFERT ST UNION, MO 63084	47-2641169	501(C)3	0.	5,685.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
WORLD HELP 1148 CORPORATE PARK DRIVE FOREST, VA 24551	54-1615454	501(C)3	0.	121,100.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
YEARUP 45 MILK STREET BOSTON, MA 02109	04-3534407	501(C)3	0.	62,819.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
ASSEMBLIES OF GOD FAMILY SERVICES, INC. DBA COMPACT FAMILY SERVICES - 2325 MALVERN AVE - HOT SPRINGS, AR 71901-8037	20-5112679	501(C)3	100,020.	0.			PROGRAM FULLFULLMENT
ASSEMBLIES OF GOD US MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	70,470.	0.			PROGRAM FULLFULLMENT
ASSEMBLIES OF GOD WORLD MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	309,518.	0.			PROGRAM FULLFULLMENT
BETHLEHEM ASSEMBLY OF GOD 188 ROCKAWAY AVE STE 192 VALLEY STREAM, NY 11580-5824	11-2697211	501(C)3	20,000.	0.			PROGRAM FULLFULLMENT
BRIDGE NETWORKS DBA CONVOY OF HOPE DETROIT - 8300 N HIX RD - WESTLAND, MI 48185-7609	46-4191967	501(C)3	25,646.	0.			PROGRAM FULLFULLMENT
BRIGHTMOOR CHRISTIAN CHURCH, DBA THE GENERAL COUNCIL OF THE ASSEMBLIES OF G - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO	44-0577787	501(C)3	48,489.	0.			PROGRAM FULLFULLMENT

Schedule I (Form 990)

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

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CASA DE DIOS CENTRO DE AVIVAMIENTO 3402 AYERS ST CORPUS CHRISTI, TX 78415-4610	33-1044549	501(C)3	7,000.	0.			PROGRAM FULLFULLMENT
CENTRAL CHURCH OF THE NAZARENE 1261 W BRISTOL RD FLINT, MI 48507-5540	38-2062567	501(C)3	14,982.	0.			PROGRAM FULLFULLMENT
CROSSROADS COMMUNITY CHURCH INC. OF AVON PARK AKA CROSSROADS COMMUNITY CHUR - 114 S CENTRAL AVE - AVON PARK, FL 33825-3604	65-1113782	501(C)3	7,000.	0.			PROGRAM FULLFULLMENT
CROSSWINDS CHURCH 1660 FREISMAN RD LIVERMORE, CA 94551-8406	68-0161634	501(C)3	8,500.	0.			PROGRAM FULLFULLMENT
EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 65802-2125	44-0589787	501(C)3	16,404.	0.			PROGRAM FULLFULLMENT
FAITH TABERNACLE CHURCH 2147 PURDUE AVE LOS ANGELES, CA 90025-6215	95-3618605	501(C)3	24,000.	0.			PROGRAM FULLFULLMENT
FIRST ASSEMBLY OF GOD ATTN: REV. BRUCE FRAZIER813 E. LAUR ROCKPORT, TX 78382	74-6185652	501(C)3	7,513.	0.			PROGRAM FULLFULLMENT
FIRST ASSEMBLY OF GOD AKA SEBRING FIRST ASSEMBLY OF GOD - 4301 KENILWORTH BLVD - SEBRING, FL 33870-4526	59-1861991	501(C)3	7,000.	0.			PROGRAM FULLFULLMENT
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	65,160.	0.			PROGRAM FULLFULLMENT

Schedule I (Form 990)

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

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HARVEST FELLOWSHIP OF ALBUQUERQUE 5331 MONTANO RD NW ALBUQUERQUE, NM 87120-2310	85-0385359	501(C)3	21,924.	0.			PROGRAM FULLFULLMENT
INDIANA DISTRICT ASSEMBLIES OF GOD 8750 PURDUE RD INDIANAPOLIS, IN 46268-1120	35-0996141	501(C)3	23,106.	0.			PROGRAM FULLFULLMENT
LAGRANGE CHRISTIAN ASSEMBLY, INC. 5707 WOLF RD LA GRANGE HIGHLANDS, IL 60525-3363	23-7451118	501(C)3	10,000.	0.			PROGRAM FULLFULLMENT
MISSION OF HOPE, HAITI PO BOX 720518 OKLAHOMA CITY, OK 73172-0518	13-4207776	501(C)3	972,230.	0.			PROGRAM FULLFULLMENT
NEW BEGINNINGS PORT LAVACA 301 ALCOA DR PORT LAVACA, TX 77979-3603	74-2250259	501(C)3	7,000.	0.			PROGRAM FULLFULLMENT
NEW DAY CHRISTIAN FELLOWSHIP 102 E. 6TH STREETSUITE 201 CORINA, CA 92879	80-0403816	501(C)3	5,000.	0.			PROGRAM FULLFULLMENT
NORTH CAROLINA ASSEMBLIES OF GOD PO BOX 459 SELMA, NC 27576-0459	56-0810041	501(C)3	56,000.	0.			PROGRAM FULLFULLMENT
PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLY OF GOD, INC. - 1437 E MEMORIAL BLVD - LAKELAND, FL 33801-2131	59-0782460	501(C)3	10,000.	0.			PROGRAM FULLFULLMENT
PUERTO RICO DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD - SANTA MONICA 3 STREET - BAYAMON, PUERTO RICO	66-0428649	501(C)3	85,588.	0.			PROGRAM FULLFULLMENT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLO ELIM ASSEMBLY OF GOD OF CORPUS CHRISTI - PO BOX 7707 - CORPUS CHRISTI, TX 78467-7707	32-0190324	501(C)3	7,000.	0.			PROGRAM FULLFULLMENT
VINEYARD CHURCH 12300 NW ARROWHEAD TRFY KANSAS CITY, MO 64165-1026	43-1592707	501(C)3	18,614.	0.			PROGRAM FULLFULLMENT
WITNESS AS MINISTRY 2271 LAKE AVE UNIT 6286 ALTADENA, CA 91003-7038	46-2364153	501(C)3	566,574.	0.			PROGRAM FULLFULLMENT
CONVOY OF HOPE FOUNDATION 330 S PATTERSON AVENUE SPRINGFIELD, MO 65802	46-2845781	501(C)3	211,246.	0.			SUPPORT



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

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

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

PART I, LINE 2:

CONVOY OF HOPE'S GLOBAL INITIATIVES AND/OR SUPPLY CHAIN PERSONNEL SCREEN GRANT RECIPIENTS TO ENSURE GRANTS ARE MADE TO ONLY QUALIFIED CHARITABLE ORGANIZATIONS. CONVOY OF HOPE MAINTAINS ONGOING RELATIONSHIPS THROUGHOUT THE YEAR WITH GRANTEES AND MONITORS THE USE OF GRANT FUNDS IN ACCORDANCE WITH THE UNDERLYING GRANT AGREEMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2018

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

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

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

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

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

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



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DOREE DONALDSON	WIFE OF CEO, HAL DO	75,367.	EMPLOYEE CO		X
ELLIOT BOUCHER	SON OF COO, KEITH B	22,737.	EMPLOYEE CO		X
LINDSAY DONALDSON	DAUGHTER OF CEO, HA	50,381.	EMPLOYEE CO		X
HAROLD SALLEE	FATHER-IN-LAW OF BO	14,887.	EMPLOYEE CO		X
RUSSELL HURST	SON OF BOARD MEMBER	49,317.	EMPLOYEE CO		X
DANIEL CLARK, SR	FATHER OF KEY EMPLO	35,506.	EMPLOYEE CO		X
ERIN RAE DONALDSON	DAUGHTER OF CEO, HA	27,361.	EMPLOYEE CO		X
JANNA NOONAN	WIFE OF KEY EMPLOYE	21,350.	EMPLOYEE CO		X
DONNA CLARK	MOTHER OF KEY EMPLO	15,311.	EMPLOYEE CO		X
JON FRENCH	BROTHER-IN-LAW OF K	15,412.	EMPLOYEE CO		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: DOREE DONALDSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: ELLIOT BOUCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF COO, KEITH BOUCHER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: LINDSAY DONALDSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: HAROLD SALLEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER-IN-LAW OF BOARD SECRETARY, BRAD TRASK

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

**Part V Supplemental Information**

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

(A) NAME OF PERSON: RUSSELL HURST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF BOARD MEMBER, RANDY HURST

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: DANIEL CLARK, SR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF KEY EMPLOYEE, DANIEL CLARK JR

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: ERIN RAE DONALDSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: JANNA NOONAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF KEY EMPLOYEE, KIRK NOONAN

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: DONNA CLARK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MOTHER OF KEY EMPLOYEE, DANIEL CLARK JR

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: JON FRENCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V Supplemental Information**

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

BROTHER-IN-LAW OF KEY EMPLOYEE, DANIEL CLARK JR

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: BONNIE MILLS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF BOARD MEMBER, OSSIE MILLS

(C) AMOUNT OF TRANSACTION \$ 51,852.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RICK WAGGONER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NEPHEW OF CEO, HAL DONALDSON

(C) AMOUNT OF TRANSACTION \$ 179,985.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MATT METZGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NEPHEW OF CEO, HAL DONALDSON

(C) AMOUNT OF TRANSACTION \$ 73,918.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MORGAN NOONAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NIECE OF KEY EMPLOYEE, KIRK NOONAN

(C) AMOUNT OF TRANSACTION \$ 3,247.



**Part V Supplemental Information**

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

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LISA RICH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF KEY EMPLOYEE, RANDY RICH

(C) AMOUNT OF TRANSACTION \$ 37,545.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		7,640,105.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	30	991,071.	STOCK MARKET QUOTES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	119	5,631,698.	FMV
20	Drugs and medical supplies	X	13	115,450.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** 41

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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

SCHEDULE M, LINE 32B:

COLUMN B REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, EL SALVADOR, ETHIOPIA, NICARAGUA,

PHILIPPINES, TANZANIA, HONDURAS

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

BOARD MEMBERS MR. DONALDSON, MR. BOUCHER, MS. TOUNGER, MR. HURST, MR. MILLS  
AND MR. COREY HAVE A FAMILY RELATIONSHIP.

KEY EMPLOYEES RICK WAGGONER AND DANIEL CLARK HAVE A BUSINESS RELATIONSHIP.  
MS. LOGSDON, MR. CRIBBS, MR. CARTER, MR. WICKRAMARATNE HAVE A BUSINESS  
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

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, LINE 15:

A BOARD LEVEL COMPENSATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE EXECUTIVE COMPENSATION PROGRAM AND MONITORS THE PROGRAM IN PLACE. COMPENSATION OF THE ORGANIZATION'S CEO/PRESIDENT, EXECUTIVE STAFF, AND STAFF WITH FAMILY MEMBER RELATIONSHIPS ARE REVIEWED AND APPROVED BY THIS EXECUTIVE COMPENSATION COMMITTEE. COMPARABILITY DATA IS USED IN DETERMINING THE SALARIES AND BONUSES OF THE CEO/PRESIDENT AND SENIOR VP/COO. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED EXECUTIVES AND RELATED FAMILY MEMBERS IN ACCORDANCE WITH THE COMPENSATION COMMITTEE'S ROLE DURING 2018. THE PROCESS OF DELIBERATION AND DETERMINATION OF THE COMPENSATION IS DOCUMENTED IN MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CO, HI, KY, LA, MD, MA, MI, MN, MS, NH, NY, NC, ND, PA, SC, TN, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

THE AUDITED FINANCIAL STATEMENTS, FORMS 990 AND 990-T ARE POSTED ON THE ORGANIZATIONS WEBSITE. THE FORM 1023, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**Part I 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
ASPER COH INVESTMENT HOLDINGS, LLC - 30-0756967, 330 S PATTERSON AVE, SPRINGFIELD, MO 65802	INVESTMENTS	DELAWARE	1,855,246.	3,560,469.	COH

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

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

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

Schedule R (Form 990) 2018

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

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

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

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



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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONVOY OF HOPE FOUNDATION	B	211,246.	COST
(2)			
(3)			
(4)			
(5)			
(6)			



