

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONVOY OF HOPE		D Employer identification number 68-0051386
	Doing business as		E Telephone number 417-823-8998
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	330 S. PATTERSON AVE.		G Gross receipts \$ 220,265,572.
City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 65802		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: HAL DONALDSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.CONVOYOFHOPE.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984	M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RESPONDING TO THE NEEDS OF THE IMPOVERISHED AND SUFFERING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	208
	6 Total number of volunteers (estimate if necessary)	6	82620
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	176,728,792.	195,618,561.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-32,328.	1,467,520.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,622,012.	-2,259,788.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,074,452.	194,826,293.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,128,813.	153,443,035.
	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)	14,828,923.	17,597,990.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	765,512.	1,084,197.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,427,646.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,268,851.	18,373,563.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,992,099.	190,498,785.
19 Revenue less expenses. Subtract line 18 from line 12	6,082,353.	4,327,508.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 58,542,525.	End of Year 74,885,146.
	21 Total liabilities (Part X, line 26)	3,488,422.	14,112,300.
	22 Net assets or fund balances. Subtract line 21 from line 20	55,054,103.	60,772,846.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	KREGG HOOD, SR VP/CHIEF BUSINESS OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KAREN GRIES	Preparer's signature KAREN GRIES	Date 08/25/20	Check if self-employed <input type="checkbox"/>	PTIN P00078514
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. 612-376-4500		
	Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402				

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 \$ 85,090,952. including grants of \$ 76,690,128.) (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 \$ 63,548,375. including grants of \$ 61,092,476.) (Revenue \$ 0.) STRATEGIC PROGRAM PARTNERS - THROUGH COLLABORATION WITH OTHER LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS REACH BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS. CONVOY OF HOPE PROVIDED STRATEGIC PROGRAM PARTNERS LOADS TO OVER 158 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED).

4c (Code:) (Expenses \$ 20,223,839. including grants of \$ 15,660,431.) (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, WORLD DISTRIBUTION CENTER AND STRATEGIC PARTNERS. SINCE 1998, THE ORGANIZATION HAS QUICKLY AND EFFECTIVELY PROVIDED EMERGENCY FOOD, WATER, SHELTER AND SUPPLIES TO SURVIVORS THROUGHOUT THE WORLD.

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

4e Total program service expenses 168,863,166.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1b, 2-9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a-16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
19 Describe on 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

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. See instructions for the order in which to list the persons above.

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) HAL DONALDSON PRESIDENT	42.00			X				368,516.	0.	48,360.
(2) KEITH BOUCHER SENIOR VP AND COO	40.00			X				261,693.	0.	41,853.
(3) DANIEL CLARK, JR VP-PARTNER DEVELOPMENT	40.00				X			222,611.	0.	30,846.
(4) RICK WAGGONER VP-DEVELOPMENT	40.00				X			218,503.	0.	48,428.
(5) KREGG HOOD SR VP AND CBO	41.00			X				201,360.	0.	34,827.
(6) KIRK NOONAN CHIEF INNOVATION OFFICER	40.00				X			170,885.	0.	30,826.
(7) KARY KINGSLAND SENIOR VP-GLOBAL INITIATIVES	40.00					X		143,047.	0.	0.
(8) RANDY RICH VP-ADMINISTRATION	40.00					X		139,384.	0.	0.
(9) ERICK MEIER VP-SUPPLY CHAIN	40.00					X		138,589.	0.	0.
(10) CHRIS SONKSEN FORMER DIRECTOR	40.00						X	110,236.	0.	18,750.
(11) AARON COLE DIRECTOR	1.00	X						37,500.	0.	0.
(12) BRAD ROSENBERG CHAIRMAN	1.00	X		X				24,000.	0.	0.
(14) SCOTT HOWARD TREASURER	1.00	X		X				0.	0.	0.
(15) BRAD TRASK SECRETARY	1.00	X						0.	0.	0.
(16) TOM CARTER DIRECTOR	1.00	X						0.	0.	0.
(17) DAVID CRIBBS DIRECTOR	1.00	X						0.	0.	0.
(18) DOMINICK GARCIA DIRECTOR	1.00	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			
(19) NICK GARZA DIRECTOR	1.00	X						0.	0.	0.
(20) SAM HUDDLESTON DIRECTOR	1.00	X						0.	0.	0.
(21) RANDY HURST DIRECTOR	1.00	X						0.	0.	0.
(22) CHERYL JAMISON DIRECTOR	1.00	X						0.	0.	0.
(23) TELVIN JEFFRIES DIRECTOR	1.00	X						0.	0.	0.
(24) KLAYTON KO DIRECTOR	1.00	X						0.	0.	0.
(25) KAY LOGSDON DIRECTOR	1.00	X						0.	0.	0.
(26) HUGH OSSIE MILLS DIRECTOR	1.00	X						0.	0.	0.
(27) SHERILYNN TOUNGER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,036,324.	0.	253,890.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,036,324.	0.	253,890.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
RESOLUTION INC, 5620 TCHOUPITOULAS ST, NEW ORLEANS, LA 70115	INTERNATIONAL FREIGHT	1,913,592.
CELEBRITY CRUISES INC 1050 CARIBBEAN WAY, MIAMI, FL 33132	FEEES FOR DESTINATION DEVELOPMENT EVENTS	1,658,339.
PROFESSIONAL PRODUCTION SERVICES 75 14TH ST NE STE 3050, ATLANTA, GA 30309	PROFESSIONAL DEVELOPMENT SERVICES	998,575.
BUILDERS INTERNATIONAL 1648 LLOYD, OZARK, MO 65721	RELIEF PARTNER	941,223.
NATIONWIDE LOGISTICS PO BOX 14508, CINCINNATI, OH 45250-0508	DOMESTIC FREIGHT	723,036.

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 **40**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) DISHAN WICKRAMARATNE DIRECTOR	1.00	X						0.	0.	0.
(29) KIRK YAMAGUCHI DIRECTOR	1.00	X						0.	0.	0.
(30) COURT DURKALSKI VICE CHAIRMAN	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	17,495.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	195,601,066.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 139,322,369.				
	h Total. Add lines 1a-1f		195,618,561.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		546,497.			546,497.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	538,193.			
			(ii) Personal				
	b Less: rental expenses ...	6b	1,235,346.				
	c Rental income or (loss)	6c	-697,153.				
	d Net rental income or (loss)		-697,153.			-697,153.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,923,628.	14,947,683.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,885,599.	14,064,689.			
	c Gain or (loss)	7c	38,029.	882,994.			
d Net gain or (loss)		921,023.			921,023.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		97,150.				
b Less: direct expenses	8b	2,253,645.					
c Net income or (loss) from fundraising events		-2,156,495.			-2,156,495.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		25,875.				
b Less: cost of goods sold	10b	0.					
c Net income or (loss) from sales of inventory		25,875.			25,875.		
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	288,488.		288,488.	
	b MISSIONARY PARTNERS RE		480000	279,497.		279,497.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		567,985.				
12 Total revenue. See instructions		194,826,293.	0.	0.	-792,268.		

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 ...	111,342,671.	111,342,671.		
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	42,100,364.	42,100,364.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,044,003.	899,523.	392,290.	752,190.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,185,770.	5,362,700.	2,338,725.	4,484,345.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	340,421.	149,812.	65,335.	125,274.
9 Other employee benefits	2,259,466.	994,343.	433,643.	831,480.
10 Payroll taxes	768,330.	338,126.	147,460.	282,744.
11 Fees for services (nonemployees):				
a Management				
b Legal	103,487.	6,742.	14,546.	82,199.
c Accounting	88,668.	5,776.	12,463.	70,429.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,084,197.			1,084,197.
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.)	3,487,844.	1,360,425.	1,081,430.	1,045,989.
12 Advertising and promotion	433,084.	50,033.	1,304.	381,747.
13 Office expenses	873,188.	475,017.	291,603.	106,568.
14 Information technology				
15 Royalties				
16 Occupancy	145,324.	145,324.		
17 Travel	9,198,731.	3,319,480.	414,591.	5,464,660.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	992,528.	642,274.	302,169.	48,085.
23 Insurance	586,145.	76,390.	484,091.	25,664.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	840,216.	700,264.	135,976.	3,976.
b EQUIPMENT, TOOLS AND RE	506,518.	463,317.	10,579.	32,622.
c PRINTING AND PUBLICATIO	480,272.	60,035.	40,998.	379,239.
d POSTAGE AND FREIGHT	317,890.	63,339.	28,313.	226,238.
e All other expenses	319,668.	307,211.	12,457.	
25 Total functional expenses. Add lines 1 through 24e	190,498,785.	168,863,166.	6,207,973.	15,427,646.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,287,969.	1	14,492,417.
	2 Savings and temporary cash investments	16,262,202.	2	25,473,343.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	611,584.	4	584,936.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,455,766.	8	12,644,370.
	9 Prepaid expenses and deferred charges	1,772,600.	9	1,596,114.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,607,101.		
	b Less: accumulated depreciation	10b 6,558,099.		
	11 Investments - publicly traded securities	630,438.	11	163,271.
	12 Investments - other securities. See Part IV, line 11	3,117,491.	12	12,861,440.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	20,253.
16 Total assets. Add lines 1 through 15 (must equal line 33)	58,542,525.	16	74,885,146.	
Liabilities	17 Accounts payable and accrued expenses	2,438,139.	17	2,873,840.
	18 Grants payable		18	
	19 Deferred revenue	153,680.	19	10,621,237.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	48,394.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	848,209.	23	617,223.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,488,422.	26	14,112,300.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,783,233.	27	48,413,120.
	28 Net assets with donor restrictions	19,270,870.	28	12,359,726.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	55,054,103.	32	60,772,846.
33 Total liabilities and net assets/fund balances	58,542,525.	33	74,885,146.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	194,826,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,498,785.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,327,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,054,103.
5	Net unrealized gains (losses) on investments	5	201,569.
6	Donated services and use of facilities	6	1,189,666.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,772,846.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2019)

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	126,827,379.	136,003,027.	174,930,532.	176,728,792.	195,618,561.	810,108,291.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	126,827,379.	136,003,027.	174,930,532.	176,728,792.	195,618,561.	810,108,291.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						63,123,898.
6 Public support. Subtract line 5 from line 4.						746,984,393.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	126,827,379.	136,003,027.	174,930,532.	176,728,792.	195,618,561.	810,108,291.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,971.	17,624.	91,476.	807,210.	1,084,690.	2,029,971.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	310,735.	315,476.	298,064.			924,275.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	375,678.	446,281.	517,007.	834,965.	567,985.	2,741,916.
11 Total support. Add lines 7 through 10						815,804,453.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.56 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	91.75 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

2015 AMOUNT: \$ 373,987.

2016 AMOUNT: \$ 445,583.

2017 AMOUNT: \$ 517,007.

2018 AMOUNT: \$ 834,965.

2019 AMOUNT: \$ 567,985.

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 for the latest information.

OMB No. 1545-0047

2019

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, 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 CONVOY OF HOPE	Employer identification number 68-0051386
--	--

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
1	<hr/> <hr/> <hr/>	\$ 5,998,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 22,397,744.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 9,660,714.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 9,055,731.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 22,597,519.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 9,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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/>	\$ 11,875,797.	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.)
	<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 CONVOY OF HOPE	Employer identification number 68-0051386
--	--

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
1	SOCKS _____ _____ _____	\$ 5,998,000.	07/24/19
2	MEALS _____ _____ _____	\$ 22,397,744.	12/18/19
3	MEDICINE & HYGIENE SUPPLIES _____ _____ _____	\$ 9,660,714.	10/01/19
4	MEALS _____ _____ _____	\$ 9,055,731.	12/28/19
5	CANDY _____ _____ _____	\$ 22,597,519.	12/18/19
7	CEREAL, SNACKS _____ _____ _____	\$ 11,875,797.	12/18/19

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

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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 for instructions and the latest information.**

OMB No. 1545-0047

2019

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)	20,992.	
3 Aggregate value of grants from (during year)	147,500.	
4 Aggregate value at end of year	1,790,295.	
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 (for example, 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 FASB 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 FASB 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 FASB 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) 2019

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 make 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 program
 - 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	142,146.	150,408.	133,847.	124,578.	127,297.
b Contributions					
c Net investment earnings, gains, and losses	20,071.	-8,262.	16,561.	10,211.	-1,917.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				942.	802.
g End of year balance	162,217.	142,146.	150,408.	133,847.	124,578.

- 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 Term 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		2,707,145.	516,170.	2,190,975.
c Leasehold improvements				
d Equipment		8,904,259.	6,041,929.	2,862,330.
e Other		192,998.		192,998.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,049,002.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMUNITY FOUNDATION OF THE OZARKS -		
(B) HOPE FUND	41,270.	COST
(C) COMMUNITY FOUNDATION OF THE OZARKS -		
(D) SPRINGFIELD FUND	555,111.	COST
(E) ASPER-COH, LLC INVESTMENT ACCOUNT	187,639.	COST
(F) ASPER-COH BROKERAGE/TRADING ACCOUNT	1,027,168.	COST
(G) CROSSMARK WEALTH MANAGEMENT	1,012,529.	COST
(H) FOUNDATION CAPITAL RESOURCES	10,037,723.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,861,440.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

CONVOY OF HOPE

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	53	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	62,078,071.
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	1,213,717.
CENTRAL AMERICA & CARIBBEAN	0	0	DEVELOPMENT		1,675,968.
EAST ASIA & THE PACIFIC	2	23	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	2,555,452.
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	170,000.
EAST ASIA & THE PACIFIC	0	0	DEVELOPMENT		346,320.
EUROPE	1	7	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT, SPIRITUAL EMPHASIS	532,659.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	26,560.
3 a Subtotal	6	83			68,598,747.
b Total from continuation sheets to Part I	2	10			10,689,968.
c Totals (add lines 3a and 3b)	8	93			79,288,715.

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

Schedule F (Form 990) 2019

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		343,616.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	REFUGEE RESPONSE	541,712.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	548,296.
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT	76,530.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF	1,877,255.
SOUTH ASIA	0	0	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, DISASTER RELIEF	199,904.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	676,450.
SOUTH ASIA	0	0	DEVELOPMENT		22,299.
SUB-SAHARAN AFRICA	2	10	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	3,755,223.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	853,060.
Totals					

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		469,243.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE	1,091,652.
SOUTH AMERICA	0	0	PROGRAM SERVICES		68,600.
SOUTH AMERICA	0	0	DEVELOPMENT		2,073.
RUSSIA & NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	106,642.
RUSSIA & NEIGHBORING STATES	0	0	DEVELOPMENT		52,005.
MIDDLE EAST & NORTH AFRICA	0	0	DEVELOPMENT		5,408.
Totals	2	10			10,689,968.

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	140,855.	WIRE	29,387,650.	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	150,000.	WIRE	559,699.	FOOD & SUPPLIES	FMV
		SOUTH ASIA	PROGRAM PARTNER	516,000.	WIRE	146,850.	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	768,390.	WIRE	2,654,115.	FOOD & SUPPLIES	FMV
		NORTH AMERICA	PROGRAM PARTNER	0.	N/A	5,581,713.	FOOD & SUPPLIES	FMV
		EUROPE	PROGRAM PARTNER	131,527.	WIRE	0.	N/A	N/A
		MIDDLE EAST & NORTH AFRICA	PROGRAM PARTNER	0.	N/A	408,820.	FOOD & SUPPLIES	FMV
		SOUTH AMERICA	PROGRAM PARTNER	50,000.	WIRE	1,604,746.	FOOD & SUPPLIES	FMV

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 **8**

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

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

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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.

2019

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 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, BRENDAL, SCHELINE - 60 SHIAWASSEE AVE, FAIRLAWN, PROFESSIONAL PRODUCTION SERVICES - 75 14TH STREET NE TRUSENSE MARKETING - PO BOX 645421, PITTSBURGH, PA 15264	DEVELOPMENT CONSULTANT		X	866,657.	65,965.	0.
	DEVELOPMENT CONSULTANT		X	237,110.	998,575.	0.
	DEVELOPMENT CONSULTANT		X	850.	19,657.	0.
Total				1,104,617.	1,084,197.	

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 - MEDITERRANEAN (event type)	HOPE PARTNER EVENT - ALASKA (event type)	NONE (total number)	
Revenue	1	Gross receipts	69,764.	27,386.	97,150.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	69,764.	27,386.	97,150.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	3,003.	20,340.	23,343.
	6	Rent/facility costs	1,072,889.	651,083.	1,723,972.
	7	Food and beverages	8,690.	2,280.	10,970.
	8	Entertainment	82,976.	42,271.	125,247.
	9	Other direct expenses	276,003.	94,110.	370,113.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-2,156,495.

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, BRENDDEL, SCHELINE

(I) ADDRESS OF FUNDRAISER: 60 SHIAWASSEE AVE, FAIRLAWN, OH 44333

(I) NAME OF FUNDRAISER: PROFESSIONAL PRODUCTION SERVICES

(I) ADDRESS OF FUNDRAISER: 75 14TH STREET NE SUITE 3050, ATLANTA, GA 30309

**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 for the latest information.**

OMB No. 1545-0047

2019

**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
WYNNE FIRST A/G 1900 N KILLOUGH WYNNE, AR 72396	71-0557669	501(C)3	0.	33,328.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WORD OF LIFE/ UNION, MO 12 HOFFERT ST UNION, MO 63084	43-1756625	501(C)3	0.	12,515.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WORD OF LIFE CHURCH OF TEXAS INC 11909 COUNTY ROAD 671 BLUE RIDGE, TX 75424	92-0189629	501(C)3	0.	6,181.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WORD OF LIFE ASSEMBLY OF GOD PO BOX 196 CONCHO, AZ 85924	27-0678408	501(C)3	0.	31,848.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WORD OF GRACE A/G 2909 HIGHWAY 278 E HOPE, AR 71801-6251	20-1245864	501(C)3	0.	31,314.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WITNESS AS MINISTRY 2271 LAKE AVE UNIT 6286 ALTADENA, CA 91003-7038	46-2364153	501(C)3	548,296.	0.	N/A	N/A	PROGRAM FULLFILLMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 290.

3 Enter total number of other organizations listed in the line 1 table ▶ 24.

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

Schedule I (Form 990) (2019)

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
WINDSOR A/G 21 N PENN ST WINDSOR, PA 17366-0340	23-1671869	501(C)3	0.	8,707.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WESTSIDE FAMILY LIFE CENTER 1274 CR 5270 WILLOW SPRINGS, MO 65793	43-2036916	501(C)3	0.	15,519.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WELLSPRING CHURCH BLYTHEVILLE, AR 600 N DIVISION ST BLYTHEVILLE, AR 72315	44-0577787	501(C)3	0.	38,877.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WEBBER FALLS FIRST BAPTIST 120 MCCORKLE ST WEBBERS FALLS, OK 74470	13-5563018	501(C)3	0.	48,394.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WE CARE FOR ALL 470 STEELE DRIVE HAMPTON, GA 30228	58-2553019	501(C)3	0.	1,240,426.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
WAVERLY FIRST A/G 4556 HWY 70 W WAVERLY, TN 37185	58-1492867	501(C)3	0.	8,443.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
VIDA REAL EVANGELICAL CENTER 404 BROADWAY SOMERVILLE, MA 02145-2604	30-0405861	501(C)3	0.	583,200.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
VICTORY WORSHIP CENTER 9152 MARKET ST DOVER, AR 72837	62-0484177	501(C)3	0.	48,423.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
VICTORY LIFE ASSEMBLY OF GOD 11670 HWY 64 SOMERVILLE, TN 38068	62-1146888	501(C)3	0.	49,158.	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
VICTORY CHRISTIAN CENTER OKLAHOMA CITY INC - PO BOX 330292 - TULSA, OK 74133	73-1466036	501(C)3	0.	15,175.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
URBAN US MISSIONS 3064 NE 56TH ST ALTOONA, IA 50009	44-0577787	501(C)3	0.	25,692.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
UNITED METHODIST CHURCH DOVER, AR 81 W. WATER ST DOVER, AR 72837	13-5562279	501(C)3	0.	9,781.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TURNING POINT PREGNANCY CARE CENTER - 681 S MADERA AVE - KERMAN, CA 93630-1748	26-2957590	N/A	15,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
TRUMAN, AR FIRST A/G 104 FLOSSIE ST TRUMAN, AR 72472	44-0577787	501(C)3	0.	16,967.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRUE LIFE CHURCH ASSEMBLY OF GOD 5846 INDUSTRIAL BLVD PATTERSON, GA 31557	58-1898009	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRINITY FAITH CHURCH 2264 KANSAS AVE LIBERAL, KS 67905-1864	48-0943372	501(C)3	0.	34,622.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRINITY CHURCH NC 17801 NW 2ND AVE MIAMI, FL 33169	59-1201093	501(C)3	0.	109,936.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
TRINITY A/G GEORGETOWN 1220 CINCINNATI RD GEORGETOWN, KY 40324	61-1265508	501(C)3	0.	6,676.	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
TOPSY A/G EUCHA, OK 40867 S 510 RD EUCHA, OK 74342-3134	73-1172847	501(C)3	0.	7,972.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE SALVATION ARMY (MIDLAND DIVISION) - 615 SLATERS LN - ALEXANDRIA, VA 22314	22-2406433	501(C)3	0.	406,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE RELEVATE GROUP 214 4TH AVE N FRANKLIN, TN 37065-0922	72-1553084	N/A	20,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
THE LINK 209 S BELL ST OZARK, AR 72949	44-0577787	501(C)3	0.	16,740.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE KITCHEN INC 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803-2819	43-1384531	501(C)3	0.	30,323.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE JAMES NETWORK 1312 E 310TH ROAD FLEMINGTON, MO 65650-9568	32-0437714	501(C)3	0.	6,957.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE HOUSE MTN GROVE, MO 910 E DORRIS AVE MOUNTAIN GROVE, MO 65711	44-0577787	501(C)3	0.	10,033.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE FIRST ASSEMBLY OF GOD CHURCH OF HIGHLANDS TX AKA HIGHLANDS FIRST ASSEMBLY OF - 406 N MAGNOLIA ST - HIGHLANDS, TX 77562	76-0054763	501(C)3	10,500.	0.	N/A	N/A	PROGRAM FULLFILLMENT
THE COMMUNITY PANTRY 1130 E HASLER VALLEY ROAD GALLUP, NM 87301	85-0460193	501(C)3	0.	114,848.	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
THE BRIDGE/GREENVILLE, IL 520 S 5TH ST GREENVILLE, IL 62246-1600	47-1505738	N/A	0.	8,428.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
THE ARK MISSIONS INTERNATIONAL PO BOX 414353 KANSAS CITY, MO 64141-4353	82-3566288	501(C)3	7,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
TELEIOS MINISTRY 28 EULA ST GREENVILLE, SC 29609-6909	57-1109271	501(C)3	5,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
TABERNACLE OF GOD MINISTRIES 507 N 9TH AVE DILLON, SC 29536	57-0956069	501(C)3	0.	851,423.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SWEETWATER, TX FIRST A/G 312 EAST AVE B SWEETWATER, TX 79556	75-1850386	501(C)3	0.	9,523.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
STRAFFORD FIRST A/G 1113 E HISTORIC RT 66 STRAFFORD, MO 65559	43-1132149	501(C)3	0.	18,669.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
STONE EDGE CHURCH 5659 ZEBULON ROAD MACON, GA 31210-2023	58-1497534	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
STAR CITY FIRST A/G 306 S JEFFERSON STAR CITY, AR 71667	71-6090751	501(C)3	0.	14,822.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ST. THOMAS ASSEMBLY OF GOD 173 RHONDEL DR. ST. THOMAS, PA 17252	25-1229785	501(C)3	0.	6,056.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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SPRINGS RESCUE MISSION 5 W LAS VEGAS STREET COLORADO SPRINGS, CO 80903	84-1340824	N/A	0.	42,005.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SPRINGS OF HOPE CHURCH INC 243 MILL CREEK RD CRAWFORDVILLE, FL 32327	20-4367830	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SPRINGFIELD VICTORY MISSION 1715 BOONVILLE SPRINGFIELD, MO 65801	43-1592707	501(C)3	0.	79,808.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SPEED THE LIGHT 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	20,500.	0.	N/A	N/A	PROGRAM FULLFILLMENT
SOUTHVIEW ASSEMBLY 2520 SOCIETY HILL RD OPELIKA, AL 36804-4829	63-1115581	501(C)3	25,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
SOUTHSIDE A/G MARSHALL, MO 925 W MORROW MARSHALL, MO 65340	43-1307362	501(C)3	0.	11,079.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SOUTHPOINTE CHRISTIAN CENTER 7520 STOCKTON BLVD SACRAMENTO, CA 95823	94-2717602	501(C)3	0.	26,152.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SOUTHERN MISSOURI DISTRICT OF THE AG - 528 W BATTLEFIELD - SPRINGFIELD, MO 65807	44-0577787	501(C)3	0.	70,099.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SOUTHERN CRESCENT RESOURCE MINISTRY - 112 PARK WEST DRIVE - MCDONOUGH, GA 35252	58-2097740	501(C)3	0.	891,384.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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SOLID ROCK/ FARMINGTON 126 HOLLY TREE LANE FARMINGTON, MO 63640	43-1542115	501(C)3	0.	9,429.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SOLID ROCK ASSEMBLY 10750 HIGHWAY 62 WEST VIOLA, AR 72583	44-0577787	501(C)3	0.	51,747.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SIKESTON FIRST ASSEMBLY OF GOD 18 DEMENT SIKESTON, MO 63801-2948	43-0827747	501(C)3	0.	15,585.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SHILOH D CENTER 2099 THOMAS RD. MEMPHIS, TN 38134	83-0471038	N/A	0.	276,182.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SEYMOUR NAZARENE CHURCH 354 N. MAIN ST. SEYMOUR, MO 65746-0477	43-1461234	501(C)3	0.	7,930.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SEYMOUR LIFE CHURCH SKYLINE ROAD SEYMOUR, MO 65746-0460	43-1141931	501(C)3	0.	24,705.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SERVE THE PEOPLE 12065 17TH ST. SANTA ANA, CA 92701	27-0421556	501(C)3	0.	1,351,271.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SERVANTS CHURCH/WEBB CITY 205 ROCKY LN CARL JUNCTION, MO 64834	47-1672406	501(C)3	0.	5,958.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SEEK YE THE WAY OF THE CROSS MINISTRY INC - 224 NORTH F STREET - HARLINGEN, TX 78550	74-2585510	501(C)3	0.	231,216.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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SAMMY'S WINDOW 509 S. CAVALIER SPRINGFIELD, MO 65802	43-1895965	501(C)3	0.	37,727.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALEM,AR FIRST A/G 118 PINTO PLACE SALEM, AR 72576	71-0577051	501(C)3	0.	17,685.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
SALEM ASSEMBLY OF GOD 135 N HOTZE RD SALEM, IL 62881	37-1123724	501(C)3	0.	10,473.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ROSEBUD A/G 6101 HIGHWAY 36 W ROSEBUD, AR 72137	44-0577787	501(C)3	0.	25,857.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ROD BAKER MINISTRIES 530 W. G STREET JENKS, OK 74170-1286	73-1610281	501(C)3	0.	1,828,332.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ROCK RIVER CHURCH 1800 PROPHE T RD ROCK FALLS, IL 61071-1070	36-6779561	501(C)3	0.	9,454.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RIVERSTONE CHURCH 16 SNOWSHOE HILLS RD CLAREMONT, NH 03743-0341	26-1737637	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RIVERSIDE CHURCH OF CHRIST/GASSVILLE, AR - 190 WHITAKER LN - GASSVILLE, AR 72635	71-0683019	501(C)3	0.	28,772.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RIVER OF LIFE PO BOX 324 GASSVILLE, AR 72635	71-0683019	501(C)3	0.	67,976.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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RIDGLEY A/G 2850 FARM ROAD 2164 EXETER, MO 65647-6140	43-1271467	501(C)3	0.	5,586.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RIDGEDALE A/G P.O. BOX 2 RIDGEDALE, MO 65739-0002	80-0299676	501(C)3	0.	9,881.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
REFUGE CHURCH OF THE ASSEMBLIES OF GOD - 1404 STONE ST - JONESBORO, AR 72403	71-0647743	501(C)3	0.	11,232.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
RED CROSS - SPRINGFIELD 1545 N WEST BYPASS SPRINGFIELD, MO 65803	53-0196604	501(C)3	0.	31,368.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PROMISED LAND MINISTRIES 1645 W 160 HWY WEST PLAINS, MO 65775		501(C)3	0.	33,989.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PRAISE A/G - CHARLESTON 1300 OSAGE RD CHARLESTON, IL 61920	37-1298199	501(C)3	0.	9,235.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PLEASANTON, KS A/G 103 E 7TH ST PLEASANTON, KS 66075	48-0944593	501(C)3	0.	12,977.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PLEASANT HOPE A/G 5636 HIGHWAY H PLEASANT HOPE, MO 65725	38-3792018	501(C)3	0.	22,904.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PINE FOREST A/G 3125 PINE FOREST RD CANTONMENT, FL 32533-7428	59-3128255	501(C)3	0.	15,225.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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PIERCES CHAPEL A/G 7210 FM 747 S. JACKSONVILLE, TX 75766-7853	75-1853388	501(C)3	0.	12,581.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PEOPLES CITY MISSION 110 Q STREET LINCOLN, NE 68508-2345	47-0723542	501(C)3	0.	125,323.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PEACE CHAPEL A/G 9260 NORTH FARM ROAD 183 FAIR GROVE, MO 65648	43-1179379	501(C)3	0.	14,058.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PAWNEE A/G 1001 N 8TH ST PAWNEE, IL 62558	37-0956986	501(C)3	0.	9,407.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PARKSIDE CHURCH 7100 PETTIBONE RD CHAGRIN FALLS, OH 44023-4935	34-1137025	501(C)3	29,186.	0.	N/A	N/A	PROGRAM FULLFILLMENT
PARK HILLS 1ST A/G 1104 N SAINT JOE DR PARK HILLS, MO 63601	43-1272590	501(C)3	0.	201,855.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PARIS, AR FIRST A/G 1111 S ELM ST PARIS, AR 72855	71-0514680	501(C)3	0.	15,268.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462-1754	90-0788707	501(C)3	0.	18,050.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
OPERATION LIFT UP 74 JORDAN CIR LOUISVILLE, MS 39339-3475	47-3221272	N/A	67,428.	0.	N/A	N/A	PROGRAM FULLFILLMENT

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OPERATION COMPASSION A TENNESSEE NON-PROFIT CORPORATION - 3800 WESTVIEW DRIVE NE - CLEVELAND, TN 37312	62-1697490	501(C)3	0.	78,796.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
OPERATION BLESSING 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	N/A	0.	947,972.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
OPEN HEART A/G 1803 N WASHINGTON ST FARMINGTON, MO 63640	43-1188615	501(C)3	0.	182,020.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
OPEN DOOR CHURCH/HOLCOMB, MO 27791 STATE HWY 25 HOLCOMB, MO 63852	13-5563018	501(C)3	0.	53,012.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
OPEN ARMS A/G P.O. BOX 846 BEEBE, AR 72012-0846	71-0547325	501(C)3	0.	85,876.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ONE GENERATION AWAY 104 SOUTHEAST PKWY STE 300 FRANKLIN, TN 37064-3969	46-2741214	N/A	0.	76,349.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ONE DOOR PO BOX 453 SARDIS, MS 38666	51-0647480	N/A	0.	22,229.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NORWOOD A/G N HIGHWAY E NORWOOD, MO 65717	43-1271450	501(C)3	0.	18,235.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NORTHWEST HARVEST 711 CHERRY STREET SEATTLE, WA 98104	91-0826037	N/A	0.	713,225.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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NORTHERN CALIFORNIA-NEVADA DISTRICT COUNCIL, INC. - 6051 S WATT AVE - SACRAMENTO, CA 95829-1304	94-1399289	N/A	5,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
NORTH VALLEY DISTRIBUTION PARTNERS 1282 STABLER LANE STE 630177 YUBA CITY, CA 95993		N/A	0.	419,751.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NORTH TEXAS A/G 5241 FM 66 WAXAHACHIE, TX 75167	75-6002594	501(C)3	0.	54,492.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NOMA A/G BONIFAY, FL 3022 OLD LIBERTY SCHOOL RD BONIFAY, FL 32425	59-2990676	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NINEVEH OUTREACH 1601 COFFEE RD MODESTO, CA 95355	32-0251500	501(C)3	0.	6,122.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEWPORT PENTECOSTAL CHURCH OF GOD 205 RAY ST NEWPORT, AR 72112	83-0354871	501(C)3	0.	18,619.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW RIVERS CHURCH 306 ARCHER AVE MARSHALL, IL 62441	36-4133099	501(C)3	0.	10,018.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW LIFE COMMUNITY CHURCH PO BOX 83 CHARLES CITY, IA 50616	42-1111603	501(C)3	0.	5,489.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW LIFE BIBLE WAY A/G 225 CO RF 241 GAMALIEL, AR 72537	91-1879485	501(C)3	0.	29,111.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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NEW LIFE ASSEMBLY OF GOD 1004 SOUTH 5TH STREET ATCHISON, KS 66002	48-1101325	501(C)3	0.	18,334.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW HARVEST ASSEMBLY OF GOD 80 PALMETTO CREEK LN HAMILTON, GA 31811	58-2652131	501(C)3	0.	24,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW BEGINNINGS FULL GOSPEL 205 E MILL ST HUMANSVILLE, MO 63660-0234	36-4557431	501(C)3	0.	18,433.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW BEGINNINGS CHRISTIAN FELLOWSHIP - 925 N STATE ROUTE 47 - GIBSON CITY, IL 60936	37-1114578	501(C)3	0.	42,020.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEW BEGINNINGS A FAMILY WORSHIP CTR OF THE AG - 707 WAYNE AVE - CALIFORNIA, MO 65018	37-1575162	501(C)3	0.	10,771.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NEBRASKA DISTRICT COUNCIL PO BOX 1965 GRAND ISLAND, NE 68803	47-1495365	501(C)3	0.	17,405.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
NASHVILLE, AR 1ST A/G 1405 WEST SUNSHINE ST NASHVILLE, AR 71852	71-0567476	501(C)3	0.	7,435.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MULBERRY FIRST A/G 314 HEARD AVE MULBERRY, AR 30904	71-0560475	501(C)3	0.	11,006.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MT VERNON, AR BAPTIST CHURCH 6 GARLAND SPRINGS MOUNT VERNON, AR 72111	13-5563018	501(C)3	0.	18,449.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MOUNTAIN VIEW COMMUNITY CHURCH 3600 N FOWLER AVE FRESNO, CA 93727	77-0381582	501(C)3	40,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
MOUNTAIN HOME, AR FIRST A/G 710 BRADLEY DRIVE MOUNTAIN HOME, AR 72653	71-0481189	501(C)3	0.	14,738.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MONTICELLO, AR FIRST A/G PO BOX 473 MONTICELLO, AR 71655	71-0567233	501(C)3	0.	28,750.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DRIVE NEOSHO, MO 65804	44-0577787	501(C)3	0.	675,870.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MISSION OF HOPE, HAITI PO BOX 720518 OKLAHOMA CITY, OK 73172-0518	13-4207776	501(C)3	1,059,702.	0.	N/A	N/A	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK, TX 209 N TNDUSTRIAL BLVD BEDFORD, TX 76021	41-2120170	501(C)3	0.	628,754.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - PEORIA 9005 N. INDUSTRIAL RD PEORIA, IL 61615	41-2120170	501(C)3	0.	805,453.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - INDIANA 6450 S. BELMONT AVE INDIANAPOLIS, IN 65802	41-2120170	501(C)3	0.	833,933.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - GEORGIA 220 PARKADE COURT PEACHTREE CITY, GA 30269	41-2120170	501(C)3	0.	707,917.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - FLORIDA 5601 DIVISION DR. FORT MYERS, FL 33905	41-2120170	501(C)3	0.	387,942.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - BLOOMINGTON 2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501(C)3	0.	1,322,292.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - ARIZONA 725 E BASELINE RD GILBERT, AZ 85233	41-2120170	501(C)3	0.	518,685.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MELBOURNE, AR FIRST A/G 40 FAIRVEIW ST MELBOURNE, AR 72556	71-0687156	501(C)3	0.	18,849.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MCDONALD COUNTY H/S 100 MUSTANG DRIVE ANDERSON, MO 64831		N/A	0.	6,206.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MAYFLOWER NEW BEGINNINGS 42 SNUGGS CIR MAYFLOWER, AR 72106	43-0679185	N/A	0.	5,790.	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.	31,104.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MARBLE HILL FIRST A/G 107 CHURCH ST MARBLE HILL, MO 63764	44-0577787	501(C)3	0.	5,552.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MANHATTAN, KS FIRST A/G 2310 CANDLEWOOD DR MANHATTAN, KS 66503	48-0918118	501(C)3	0.	9,994.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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MANGHAM FIRST 115 RAILROAD AVE MANGHAM, LA 71259	72-0941763	N/A	0.	16,766.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
MADISONVILLE 1ST A/G 3406 HANSON RD MADISONVILLE, KY 42431	61-1013793	501(C)3	0.	7,641.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LOVING WITH MERCY MINISTRIES 4127 N DEL NORTE AVE KERMAN, CA 93630-1281	46-4359589	501(C)3	5,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
LIVING STONES CHURCH 911 E DORRIS AVE MOUNTAIN GROVE, MO 65711-1823	43-1118843	501(C)3	0.	10,461.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIVE CHURCH 711 E MILLER RD REPUBLIC, MO 65738	44-0577787	501(C)3	0.	21,522.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LINEVILLE, IA A/G 1116 WASHINGTON ST LINEVILLE, IA 50147	42-1182494	501(C)3	0.	8,642.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIGHTHOUSE A/G HARRODSBURG, KY 500 BOHON RD HARRODSBURG, KY 40330	61-1061047	501(C)3	0.	12,246.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIGHTHOUSE A/G FLIPPIN, AR 121 MARSHALL ST FLIPPIN, AR 72634	71-0811200	501(C)3	0.	8,782.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFESONG/ REEDS SPRING 360 EMERSON RD REEDS SPING, MO 65737	13-5562279	N/A	0.	22,047.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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LIFEPOINT VALLEY CENTER, KS 400 S ABILENE AVE VALLEY CENTER, KS 67147	48-0952980	N/A	0.	12,799.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFEBRIDGE A/G MOUNT VERNON, MO 730 HASTINGS ST MOUNT VERNON, MO 65712	43-1495275	501(C)3	0.	17,180.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFE CHURCH/ HUMANSVILLE 506 W MILL ST HUMANSVILLE, MO 65674	44-0577787	501(C)3	0.	34,482.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFE CHAPEL/ PUXICO 22443 STATE HWY 51 PUXICO, MO 63960	44-0577787	501(C)3	0.	14,786.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFE CHALLENGE OF MICHIGAN 1230 DUPONT ST HILLSDALE, MI 49242	01-0929801	501(C)3	0.	5,741.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LIFE 360 CHURCH 3581 S KANSAS AVE SPRINGFIELD, MO 65807	43-6109754	501(C)3	0.	274,915.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LICKING ASSEMBLY OF GOD 217 DORSEY ST LICKING, MO 65542	45-3953186	501(C)3	0.	28,601.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LESEA GLOBAL FEED THE HUNGRY 530 E IRELAND RD SOUTH BEND, IN 46614	32-0053249	501(C)3	0.	128,929.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LEPANTO, AR FIRST A/G 653 ELM ST LEPANTO, AR 72354	20-1627111	501(C)3	0.	9,521.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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LEBANON, MO FIRST A/G 2601 W ELM ST LEBANON, MO 65536	43-1271275	501(C)3	0.	24,681.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LEAST OF THESE 1720 JAMES RIVER ROAD OZARK, MO 65721	43-1867039	501(C)3	0.	136,343.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LAMAR FIRST ASSEMBLY OF GOD 1200 MILL LAMAR, MO 64759	43-1372817	501(C)3	0.	5,440.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LAKESIDE A/G MAYFLOWER, AR 109 HWY 89 S MAYFLOWER, AR 72106	71-0591891	501(C)3	0.	11,193.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LAKE VILLAGE, AR A/G 150 LYNN LANE LAKE VILLAGE, AR 71653	71-0548320	501(C)3	0.	6,142.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
LA DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	95-1803686	N/A	0.	180,933.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
KOSHKONONG A/G 400 BINGHAM ST KOSHKONONG, MO 65692	43-1272188	501(C)3	0.	9,335.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
KIDS ON A MISSION PO BOX 3471 PINEDALE, CA 93650	47-2241415	501(C)3	6,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
KIDS ACROSS AMERICA 1429 LAKE SHORE DR BRANSON, MO 65616	43-1348373	501(C)3	0.	106,996.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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KESHENA A/G W 2819 CHIEF LITTLE WAVE RD KESHENA, WI 54135	39-1396735	501(C)3	0.	7,993.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
KERMAN CHRISTIAN SCHOOL 15495 W. WHITEBRIDGE AVE. KERMAN, CA 93630	77-0354051	501(C)3	12,500.	0.	N/A	N/A	PROGRAM FULLFILLMENT
JOURNEY A/G 9461 N HWY 1247 EUBANK, KY 42567	44-0577787	501(C)3	0.	10,841.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
JOSEPH & CO. 922 G STREET MARYSVILLE, CA 95901		501(C)3	0.	257,640.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
JAMES RIVER CHURCH 6100 N. 19TH ST OZARK, MO 65271	43-1564676	501(C)3	0.	40,126.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
IOWA DISTRICT COUNCIL 10525 BUENA VISTA CT URBANDALE, IA 50322	42-0733453	501(C)3	0.	11,258.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
INNER CITY OUTREACH 1316 W WEBSTER SPRINGFIELD, MO 65802	44-0577787	N/A	0.	118,789.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
INDEPENDENCE BAPTIST CHURCH PO BOX 817 RICHLAND, MO 65556	13-5563018	501(C)3	0.	37,792.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
IMPACT FAITH MINISTRY INTERNATIONAL - 1218 S TOWER ST - NEVADA, MO 64771	82-2780336	501(C)3	0.	33,615.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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IGLESIA EVANGELICA PENTECOSTAL ASAMBLEA DE DIOS ANASCO, P.R. - PO BOX 1584 - ANASCO, PR 00610	66-0409592	501(C)3	8,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
IBERIA FIRST ASSEMBLY 2244 HIGHWAY 17 IBERIA, MO 65486	43-1273882	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HUMNOKE PENTECOSTAL CHURCH OF GOD 11 JACKSON ST HUMNOKE, AR 72072	62-0484177	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HOPE CROSSINGS ASSEMBLY OF GOD 50 VILLAGE DR. JEFFERSON, GA 30549	65-1303229	501(C)3	0.	16,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HOPE AND ENCOURAGEMENT FOR HUMANITY INC. - 631 1/2 DEPO - BLISSFIELD, MI 49228	20-2676354	501(C)3	0.	4,844,775.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HOMELESS PRENATAL 2500 18TH ST. SAN FRANCISCO, CA 94110	94-3146280	501(C)3	0.	89,602.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HILL TOP A/G 6454 SE COUNTY RD RICH HILL, MO 64779	43-6215754	501(C)3	0.	5,400.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HIDDEN TREASURES ASSEMBLY OF GOD PO BOX 2007 KINGSLAND, GA 31548	11-3656057	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HEAVANS GATEWAY MINISTRIES, INC 9517 SOUTH MAIN STREET JONESBORO, GA 30236-8707	26-4103730	501(C)3	0.	104,769.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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HEARTS OF LIFE 404 BROADWAY SOMERVILLE, MA 02145	82-1004928	501(C)3	0.	467,919.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HEARTLAND WORSHIP CENTER ASSEMBLY OF GOD - 1004 E HIGHWAY 36 - AGRA, KS 67621	76-0784814	501(C)3	0.	10,717.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HEART OF COMPASSION 600 S MAPLE AVE MONTEBELLO, CA 90640	42-1573926	501(C)3	0.	118,843.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HAVANA A/G 310 W BROADWAY HAVANA, AR 72842	71-0502401	501(C)3	0.	58,858.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HARVEST FELLOWSHIP CHURCH 21172 WOLF RD AURORA, MO 65605	44-0577787	501(C)3	0.	8,070.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HARMONY HOUSE 519 EAST CHERRY SPRINGFIELD, MO 65802	42-1573926	501(C)3	0.	8,827.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HARBOR LIGHT WORSHIP CENTER 130 WASHINGTON STREET STANTON, KY 40380	47-3607748	501(C)3	0.	32,980.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
HANDS OF HOPE OF IL 1268 IMPERIAL AVE HAMPTON, IA 60436-1030	26-0643414	501(C)3	0.	794,723.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GUTS CHURCH 9120 EAST BROKEN ARROW EXP TULSA, OK 74145-3316	73-1361025	501(C)3	0.	451,338.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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GREENTOWN LIGHTHOUSE BIBLE WAYASSEMBLY - RR 1 BOX 1045 - THAYER, MO 65791	26-0206665	501(C)3	0.	6,471.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE FOR THE NATIONS CHURCH 3333 KRAFT AVE SE GRAND RAPIDS, MI 49512	62-0484177	501(C)3	0.	36,337.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH - SALEM 600 S. WATER STREET SALEM, MO 65560	43-1227531	501(C)3	0.	56,201.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH 3101 GRETNA RD BRANSON, MO 65616	46-0527443	501(C)3	0.	30,907.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GRACE A/G SHELBYVILLE PO BOX 1183 SHELBYVILLE, KY 40065	61-0916513	501(C)3	0.	6,645.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GOODNESS OUTREACH DEPOT, NY 1430 CLINTON ST BUFFALO, NY 14206	68-0512138	N/A	0.	1,598,683.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GOODNESS OUTREACH DEPOT 3401 N SYLVANIA AVE FORT WORTH, TX 76052-4614	68-0512138	501(C)3	0.	7,506,772.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GLEANINGS FOR THE HUNGRY 430229 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)3	0.	65,435.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GLAD TIDINGS A/G HANCOCK, MI 601 INGOT ST HANCOCK, MI 49930	38-2050185	501(C)3	0.	6,851.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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GENTRY FIRST ASSEMBLY OF GOD 700 E. MAIN ST GENTRY, AR 72734	71-0541488	501(C)3	0.	34,530.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	120,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
GATEWAY A/G 1642 HIGHWAY 12 S ASHLAND CITY, TN 37015	62-1337111	501(C)3	0.	21,453.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GALLOWAY FULL GOSPEL CHURCH / MIDTOWN RECOVERY - 3357 WEST FARM ROAD 146 - SPRINGFIELD, MO 65807	62-0484177	501(C)3	0.	10,841.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
GALATIA A/G 16580 AR-5 NORFORK, AR 72658	71-0501014	501(C)3	0.	10,520.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FRIENDSHIP A/G COTTONDALE, FL 3528 SAPP RD COTTONDALE, FL 32431	59-3373319	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FRIENDSHIP A/G 1771 HWY 163 JONESBORO, AR 72404	71-0567475	501(C)3	0.	20,107.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FRESNO RESCUE MISSION PO BOX 1422 FRESNO, CA 93716	77-6187872	501(C)3	9,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
FREEWAY MINISTRIES 1111 WEST KEARNEY ST SPRINGFIELD, MO 65801	46-0967360	501(C)3	0.	32,463.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FREEDOM A/G 45407 HWY. 3 EAST EARLSBORO, OK 74840	44-0577787	501(C)3	0.	12,122.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FREE CHAPEL A/G 438 ALSTON RICHLAND, GA 31825	44-0577787	501(C)3	0.	8,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FOUR RIVERS CHURCH 317 PLEASANT PRAIRIE MARSHFIELD, MO 65706	43-1223220	501(C)3	0.	5,108.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FOUNTAIN OF HOPE 829 HOLLYWOOD ROAD ATLANTA, GA 30318-4769	26-3951956	501(C)3	0.	1,632,138.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FORDYCE 1ST A/G PO BOX 538 FORDYCE, AR 71742	23-7398691	501(C)3	0.	14,996.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FOOTHILLS COMMUNITY CHURCH PO BOX 636 ALBANY, KY 42602	44-0577787	501(C)3	0.	35,391.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FLAT ROCK WORSHIP 12275 HWY 359 LONDON, AR 72847	71-0657577	501(C)3	0.	10,676.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FLAG SPRINGS CHURCH 17410 COUNTY ROAD 1060 ST. JAMES, MO 65559	43-1079804	501(C)3	0.	30,450.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST GENERAL BAPTIST CHURCH 2504 W MAIN ST. CORNING, AR 72422	13-5563018	501(C)3	0.	8,983.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FIRST BAPTIST CHURCH OZARK 1400 W JACKSON OZARK, MO 65721	43-1255236	501(C)3	0.	5,824.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD ST ROBERT 919 Z HIGHWAY ST ROBERT, MO 65584-4652	43-1112313	501(C)3	0.	52,223.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD NORTH LITTLE ROCK - 4501 BURROW DRIVE - NORTH LITTLE ROCK, AR 72116	71-0245473	501(C)3	0.	118,779.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD AKA EMBASSY CHURCH - PO BOX 1550 - ROSENBERG, TX 77471	44-0577787	501(C)3	7,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD (INDEPENDENCE, KS) - 716 N 10TH ST - INDEPENDENCE, KS 67301	48-0944266	501(C)3	0.	5,289.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD 399 SUNRISE COVE BRANSON, MO 65616	46-1628976	501(C)3	0.	53,571.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST A/G PERRY, FL 828 W JULIA STREET PERRY, FL 32347	59-2592564	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST A/G FORT KENT, ME 564 FRENCHVILLE RD FORT KENT, ME 04743	01-0387268	501(C)3	0.	12,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FIRST A/G - MILAN 2049 NORTH MAIN STREET MILAN, TN 38358	62-1181908	501(C)3	0.	16,302.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FERNWOOD ASSEMBLY HARTMAN, AR 1533 COUNTY ROAD 2305 HARTMAN, AR 72840	71-0566917	501(C)3	0.	14,648.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FELLOWSHIP A/G QUINCY, FL 4285 BRISTOL HWY QUINCY, FL 32351	59-3336830	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FEED AMERICA FIRST 1105 BLUE SPRINGS RD FRANKLIN, TN 37069	62-1821057	501(C)3	0.	315,540.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FARM SHARE INC 14125 SW 320 ST HOMESTEAD, FL 33033	65-0342192	501(C)3	0.	6,064.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAMILY WORSHIP CHURCH 1210 N STATE ROUTE 7 PLEASANT HILL, MO 64080	91-2061971	501(C)3	0.	12,862.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAMILY LIFE CHURCH DORA, MO 350 COUNTY RD 379 WEST PLAINS, MO 65775	44-0577787	501(C)3	0.	25,761.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAMILY LIFE A/G PITTSBURG, KS 1234 N. ROUSE PITTSBURG, KS 66762	43-1916708	501(C)3	0.	10,051.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAITH COWBOY CHURCH 6108 EASTERN OUTER ROAD DESLOGE, MO 63601	26-4361786	501(C)3	0.	11,081.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAITH A/G GREENVILLE 137 MAIN ST GREENVILLE, MO 63944	61-1587182	501(C)3	0.	13,084.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT

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FAITH A/G EVENING SHADE AR 2186 EVENING SHADE DR DOVER TOWNSHIP, AR 72837	44-0577787	501(C)3	0.	13,781.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
FAITH A/G - HUMBOLDT 1019 N 9TH ST HUMBOLDT, KS 66748	36-2895110	501(C)3	0.	26,175.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL UNIVERSITY 1111 NORTH GLENSTONE AVENUE SPRINGFIELD, MO 65802-2125	44-0589787	501(C)3	0.	14,505.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL HOME 137 N YOSEMITE AVE FRESNO, CA 93701	94-1463156	501(C)3	5,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
EVANGEL CHURCH ARCHIE, MO 306 S TEXAS ST ARCHIE, MO 64725	43-1515262	501(C)3	0.	10,757.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL ASSEMBLY OF GOD PO BOX 337 WILBRAHAM, MA 01095	04-3287610	501(C)3	6,600.	0.	N/A	N/A	PROGRAM FULLFILLMENT
ENGLAND FIRST A/G 608 E FORDYCE ST ENGLAND, AR 72046	71-0515236	501(C)3	0.	8,288.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ENGAGE CHURCH 3338 HIGHWAY 62 W MOUNTAIN HOME, AR 72653	26-1756343	501(C)3	0.	15,090.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ELLINGTON FIRST A/G 435 COLLEGE ST ELLINGTON, MO 63638	43-1628981	501(C)3	0.	71,356.	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
ELEVATE LIVES 334 E KEARNEY SPRINGFIELD, MO 65803	81-4490605	501(C)3	0.	8,971.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EDEN VILLAGE OF THE GATHERING TREE 2801 E DIVISION ST SPRINGFIELD, MO 65803	46-1371575	501(C)3	0.	24,892.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
EASTSIDE COMMUNITY CHURCH 500 E PEAK RD MUSKOGEE, OK 74403	35-2049256	501(C)3	0.	7,471.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DYER FIRST A/G 183 POPLAR GROVE RD DYER, TN 38330	62-1152929	501(C)3	0.	6,000.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DISASTER RELIEF AT WORK INC 5255 HUDSON WATERFORD, MI 48340-1031	45-4900831	501(C)3	0.	7,528.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DIAPER BANK OF THE OZARKS 615 N. GLENSTONE AVE SPRINGFIELD, MO 65802-9265	46-2851972	501(C)3	0.	21,211.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DESTINY CHURCH GRAND ISLAND, NE 4306 W HWY 30 GRAND ISLAND, NE 68803	45-2589784	501(C)3	0.	38,838.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DELPHI, IN FIRST A/G 9835 WEST US HIGHWAY 421 DELPHI, IN 46923	35-1806764	501(C)3	0.	14,929.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DELANCY STREET FOUNDATION 600 EMBARCADERO SAN FRANCISCO, CA 94107	23-7102690	N/A	0.	54,943.	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
DE QUEEN, AR 1ST A/G 1440 W COLLIN RAYE DR DE QUEEN, AR 71832	71-0566530	501(C)3	0.	13,012.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
DAWSON A/G PO BOX 350 MOUNTAIN GROVE, MO 65711	44-0577787	501(C)3	0.	17,187.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CUSHING FIRST A/G 504 E WALNUT ST CUSHING, OK 74023	73-1320840	501(C)3	0.	12,948.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CROSSROADS ALLIANCE AND MINISTIRES 4800 NW 5TH ST OCALA, FL 34489-1000	84-1651362	501(C)3	0.	570,420.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CROSSLINES PO BOX 344 LEBANON, MO 65536	43-1238022	501(C)3	0.	807,026.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CROSS INTERNATIONAL 600 SW 3RD STREET STE 22 POMPANO BEACH, FL 33060	65-1086387	501(C)3	0.	1,737,874.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COVENANT BAPTIST/CLEANING CLOSET 1350 E INDUSTRIAL RD MOUNT VERNON, MO 65712	13-5563018	N/A	0.	10,795.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COTTONWOOD A/G PO BOX 38 GOLDEN, TX 75410	75-1864133	501(C)3	0.	13,365.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CORNERSTONE CHURCH 1522 POINTER RIDGE PL STE P BOWIE, MD 20716	52-2202408	501(C)3	0.	26,155.	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
CONWAY A/G 121 SPRUCE ST CONWAY, MO 65632	43-1284503	501(C)3	0.	14,904.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CONNECTED LIFE CHURCH PO BOX 9021914 SAN JUAN, PR 00907	23-7084376	501(C)3	14,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
CONCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CO 80302	27-0035894	501(C)3	0.	309,188.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COLLINS CHRISTIAN CHURCH 1610 DELAPORTE ST COLLINS, MO 64738	01-2476072	501(C)3	0.	22,927.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
COLLIER'S COMMUNITY SERVICES INC 1139 E THIRD ST JACKSON, GA 30233-5140	81-3178672	501(C)3	0.	27,233.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CLARENDON FIRST A/G 680 N 2ND ST CLARENDON, AR 72029	75-2147701	501(C)3	0.	28,554.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CITY HELP CENTER (SHORT CREEK) 75 N CENTRAL ST STE 843010 COLORADO CITY, AZ 86021	13-1635294	N/A	0.	153,757.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CHURCH OF GLAD TIDINGS 4444 LIVE OAK BLVD LIVE OAK, CA 95992-1630	94-2326543	501(C)3	0.	475,524.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CHURCH FOR IMPERFECT PEOPLE 105 E 11TH ST LAMAR, MO 64759	20-2977913	501(C)3	0.	21,272.	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
CHURCH BY THE RIVER 535 S HIGHWAY 65 SAINT JOE, AR 72675	45-3321985	501(C)3	0.	10,507.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CHRISTIAN ACTION MINISTRIES 610 S 6TH ST BRANSON, MO 65616-2813	43-1355905	501(C)3	0.	56,025.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CHILDREN'S HUNGER FUND 4940 EISENHAWER ROAD SAN ANTONIO, TX 91342	95-4335462	501(C)3	0.	7,381,004.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CENTRAL CHURCH OF THE NAZARENE 1261 W BRISTOL RD FLINT, MI 48507-5540	38-2062567	501(C)3	17,394.	0.	N/A	N/A	PROGRAM FULLFILLMENT
CENTERVILLE A/G 22059 SH 154 DARDANELLE, AR 72834	71-0571465	501(C)3	0.	10,312.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CAVE CITY FIRST A/G 437 N MAIN ST CAVE CITY, AR 72521	71-0573119	501(C)3	0.	63,190.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CATHOLIC CHARITIES OF SOUTHERN MISSOURI, INC. - 424 E MONASTERY ST - SPRINGFIELD, MO 65807	80-0455890	N/A	6,137.	0.	N/A	N/A	PROGRAM FULLFILLMENT
CARUTHERSVILLE FIRST ASSEMBLY OF GOD - PO BOX 127 - CARUTHERSVILLE, MO 63830	44-0577787	501(C)3	0.	17,620.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CAMPTON A/G 6924 HWY 85 N LAUREL HILL, FL 32567	59-3649999	501(C)3	0.	6,000.	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
CAMDENTON FIRST A/G 1086 S BUSINESS ROUTE 5 CAMDENTON, MO 65020	44-0577787	501(C)3	0.	9,947.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CALVARY DOWNTOWN OUTREACH 970 E SAHARA AVE LAS VEGAS, NV 89104	32-0051365	501(C)3	0.	101,251.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CALVARY CHAPEL A/G -HACKETT 201 E. GREENWOOD ST. HACKETT, AR 72937	44-0577787	501(C)3	0.	9,958.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CALVARY ASSEMBLY OF GOD OF ORLANDO FLORIDA INC. - 1199 CLAY ST - WINTER PARK, FL 32789	94-2223319	501(C)3	35,073.	0.	N/A	N/A	PROGRAM FULLFILLMENT
CALVARY ASSEMBLY OF GOD 325 WEBSTER AVE CYNTHIANA, KY 41031	61-1008274	501(C)3	0.	7,578.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
CALVARY A/G WINFIELD PO BOX 526 WINFIELD, MO 63389	43-1269770	501(C)3	0.	9,370.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BUCKLIN A/G 96 S LIVINGSTON ST BUCKLIN, MO 64631	43-1348080	501(C)3	0.	14,429.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BROOKLAND A/G 101 N HICKORY ST BROOKLAND, AR 72417	71-0546352	501(C)3	0.	10,591.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BRIDGE OF FAITH 296 LAKE ST ROCKAWAY BEACH, MO 90608-9108	95-4625811	501(C)3	0.	16,419.	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
BREAD OF LIFE OUTREACH/ NEWPORT AG 35 N FRONT STREET NEWPORT, PA 17074	23-1988339	501(C)3	0.	3,576,304.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE MINISTRY INC 13188 SPURGEON RD. BOX 12 LYNNVILLE, IN 47619-0012	35-1672783	501(C)3	0.	1,354,404.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE FELLOWSHIP 532 N. BLUFORD AVE OCOE, FL 34761	59-3166797	501(C)3	0.	41,786.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE CHURCH 305 W. CLAY AVE. PLATTSBURG, MO 64477	43-1522842	501(C)3	0.	21,573.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BOWMAN OLDTIME PENTECOSTAL 143 BOWMAN CHURCH LN BLU EYE, MO 65611-5622	83-4141970	501(C)3	0.	36,116.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BOONEVILLE, AR FIRST A/G 392 W 2ND BOONEVILLE, AR 65233	71-0516319	501(C)3	0.	26,293.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BOMBAY TEEN CHALLENGE 7742 SPALDING DR STE 470 NORCROSS, GA 30092-4207	27-0373347	501(C)3	40,000.	0.	N/A	N/A	PROGRAM FULLFILLMENT
BIGFORK ASSEMBLY OF GOD PO BOX 362 BIGFORK, MN 56628	41-1992265	501(C)3	0.	5,517.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BETHESDA MISSION 5 PLEASANT VIEW DR. MECHANICSBURG, PA 17105	23-1389397	501(C)3	0.	733,858.	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
BETHEL ASSEMBLY OF GOD 1201 N. WILLIAM PARKHURST DR SEDALIA, MO 65301	71-0920732	501(C)3	0.	66,969.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BETHEL ASSEMBLY OF GOD 82 F HWY GARDEN CITY, MO 64747	43-1504777	501(C)3	0.	14,523.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
BALLET MAGNIFICAT 5406 I-55 NORTH JACKSON, MS 39211	64-0732185	501(C)3	0.	200,521.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ATTICA A/G 812 E MAIN ST ATTICA, IN 47918	35-1290897	501(C)3	0.	10,018.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ATKINS VICTORY ASSEMBLY OF GOD 5789 PINE RIDGE RD ATKINS, AR 72823	71-0531205	501(C)3	0.	10,676.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
AT THE CROSS ASSOCIATION 850 S 2ND ST PORUM, OK 74455	47-2327671	501(C)3	0.	22,360.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLY OF GOD PO BOX 36 ALTON, MO 65606	62-1721718	501(C)3	0.	16,620.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLY OF GOD 4825 WHITE AVE S BLACKWELL, OK 64119	90-0746440	501(C)3	0.	13,268.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLIES OF GOD WORLD MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	253,955.	8,314.	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
ASSEMBLIES OF GOD US MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	56,500.	0.	N/A	N/A	PROGRAM FULLFILLMENT
ARCADIA VALLEY A/G 12301 HIGHWAY 72 IRONTON, MO 63650	43-1272782	501(C)3	0.	14,307.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ANTLERS FIRST A/G 600 SE 1ST ST ANTLERS, OK 74523	44-0577787	501(C)3	0.	10,569.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
AMBASSADORS FOR CHRIST IN HAITI 3012 MOCKINGBIRD DRIVE ST CHARLES, MO 72482	91-0193796	501(C)3	0.	115,920.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ALDEN METHODIST CHURCH 305 N PIONEER ALDEN, KS 67512	13-5562279	501(C)3	0.	285,825.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
AFRICAN AMERICAN ASSOC OF GEORGIA INC. - PO BOX 6901 - ATLANTA, GA 30315	37-1426340	501(C)3	0.	54,627.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ABUNDANT LIFE A/G FLOMATON 3825 OLD HWY 31 FLOMATON, AL 36441	44-0577787	501(C)3	0.	12,549.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ABUNDANCE MINISTRIES INC 1545 S MISSION AVE BOLIVAR, MO 65613	26-2662879	501(C)3	0.	82,771.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFILLMENT
ABSOLUTE CHURCH CABOT, AR 11507 HWY 5 CABOT, AR 72023	62-0484177	501(C)3	0.	6,568.	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
9:06 COMMUNITY CHURCH GWINN, MI 302 EXPLORE GWINN, MI 49841	44-0577787	501(C)3	0.	11,071.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULMENT
21 REASONS TO GIVE 18075 VENTURA BLVD STE 124 ENCINO, CA 91316-3595	27-1168608	501(C)3	0.	224,128.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULMENT

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 GRANTEEES AND MONITORS THE USE OF GRANT FUNDS IN ACCORDANCE

WITH THE UNDERLYING GRANT AGREEMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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 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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- 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
- 2** 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?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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)	315,053.	53,463.	0.	25,000.	23,360.	416,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEITH BOUCHER SENIOR VP AND COO	(i)	205,743.	55,950.	0.	24,993.	16,860.	303,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL CLARK, JR VP-PARTNER DEVELOPMENT	(i)	160,885.	61,726.	0.	16,429.	14,417.	253,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK WAGGONER VP-DEVELOPMENT	(i)	168,885.	49,618.	0.	25,000.	23,428.	266,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KREGG HOOD SR VP AND CBO	(i)	150,910.	50,450.	0.	25,000.	9,827.	236,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KIRK NOONAN CHIEF INNOVATION OFFICER	(i)	139,685.	31,200.	0.	16,429.	14,397.	201,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRIS SONKSEN FORMER DIRECTOR	(i)	103,536.	6,700.	0.	0.	18,750.	128,986.	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:

ON OCCASION, THE PRESIDENT, SELECT BOARD MEMBERS, AND SELECT EXECUTIVE

STAFF WERE PROVIDED COMPANION TRAVEL AND/OR FIRST-CLASS OR CHARTER TRAVEL

FOR DEVELOPMENT AND PROGRAM EVENTS. WHERE THERE IS A DOCUMENTED, BONA FIDE

BUSINESS PURPOSE (AS DETERMINED BY REFERENCE TO INTERNAL REVENUE SERVICE

GUIDANCE) FOR THE COMPANION TRAVEL, THE AMOUNT WAS DETERMINED TO BE

NON-TAXABLE TO THE EMPLOYEE. IN INSTANCES WHERE A DOCUMENTED, BONA FIDE

BUSINESS PURPOSE WAS NOT DETERMINED, THE TRAVEL IS TAXABLE TO THE EMPLOYEE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DOREE DONALDSON	WIFE OF CEO, HAL DO	85,200.	EMPLOYEE CO		X
ELLIOT BOUCHER	SON OF COO, KEITH B	31,591.	EMPLOYEE CO		X
LINDSAY DONALDSON-KRING	DAUGHTER OF CEO, HA	54,050.	EMPLOYEE CO		X
HAROLD SALLEE	FATHER-IN-LAW OF BO	57,044.	EMPLOYEE CO		X
RUSSELL HURST	SON OF BOARD MEMBER	116,094.	EMPLOYEE CO		X
DANIEL CLARK, SR	FATHER OF KEY EMPLO	29,225.	EMPLOYEE CO		X
ERIN RAE DONALDSON	DAUGHTER OF CEO, HA	39,219.	EMPLOYEE CO		X
JANNA NOONAN	WIFE OF KEY EMPLOYE	16,015.	EMPLOYEE CO		X
DONNA CLARK	MOTHER OF KEY EMPLO	8,315.	EMPLOYEE CO		X
JON FRENCH	BROTHER-IN-LAW OF K	81,499.	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-KRING

(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 \$ 53,974.

(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 \$ 218,503.

(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 \$ 80,394.

(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 \$ 5,313.

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 \$ 41,565.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 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	X		82,504. FMV	
5 Clothing and household goods	X		19,222,100. FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	122	109,376,924. FMV	
20 Drugs and medical supplies	X	26	10,640,841. 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

- 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? **30a** 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? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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, PART I, COLUMN (B):

COLUMN B REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

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 for the latest information.

OMB No. 1545-0047

2019

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) (2019)

932211 09-06-19

Name of the organization CONVOY OF HOPE	Employer identification number 68-0051386
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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 2019. 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:

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

**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	629,456.	1,769,918.	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) 2019

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s 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	322,419.	CASH AMOUNT
(2) CONVOY OF HOPE FOUNDATION	C	273,864.	CASH AMOUNT
(3)			
(4)			
(5)			
(6)			

