

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2006Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning

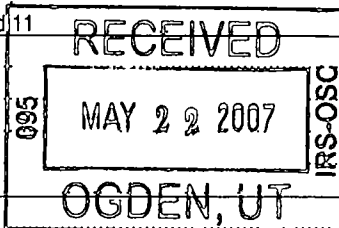
and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONVOY OF HOPE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 S. PATTERSON City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 65802	D Employer identification number 68-0051386
		E Telephone number 417-823-8998
		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		H and I are not applicable to section 527 organizations.

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.CONVOYOFHOPE.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **25,454,093.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	24,681,547.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 5,470,842. noncash \$ 19,210,705.)			1e	24,681,547.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	206,393.
	5 Dividends and interest from securities			5	
	6 a Gross rents SEE STATEMENT 1	6a	552,772.		
	b Less: rental expenses SEE STATEMENT 2	6b	432,202.		
c Net rental income or (loss). Subtract line 6b from line 6a			6c	120,570.	
7 Other investment income (describe ▶)			7		
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			8d	
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11 Other revenue (from Part VII, line 103)			11	13,381.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	25,021,891.	
Net Assets	13 Program services (from line 44, column (B))			13	24,492,886.
	14 Management and general (from line 44, column (C))			14	972,739.
	15 Fundraising (from line 44, column (D))			15	1,958,578.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses. Add lines 16 and 44, column (A)			17	27,424,203.
18 Excess or (deficit) for the year. Subtract line 17 from line 12			18	<2,402,312.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	15,652,767.	
20 Other changes in net assets or fund balances (attach explanation)			20	0.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	13,250,455.	

617
14

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4 25a	660,245.	269,625.	210,368.	180,252.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	1,470,385.	709,072.	198,966.	562,347.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	237,743.	102,360.	30,242.	105,141.
29 Payroll taxes 29	74,761.	36,517.	21,417.	16,827.
30 Professional fundraising fees 30	68,622.			68,622.
31 Accounting fees 31	37,898.	4,433.	33,465.	
32 Legal fees 32				
33 Supplies 33	115,450.	87,237.	13,366.	14,847.
34 Telephone 34	111,100.	78,310.	9,599.	23,191.
35 Postage and shipping 35	34,777.	12,399.	9,342.	13,036.
36 Occupancy 36				
37 Equipment rental and maintenance 37				
38 Printing and publications 38	88,139.	17,052.	6,969.	64,118.
39 Travel 39	728,681.	491,380.	16,481.	220,820.
40 Conferences, conventions, and meetings 40				
41 Interest 41	317,946.		317,946.	
42 Depreciation, depletion, etc. (attach schedule) 42	419,401.	80,771.	301,351.	37,279.
43 Other expenses not covered above (itemize). a 43a b 43b c 43c d 43d e 43e f 43f				
g SEE STATEMENT 3 43g	23,059,055.	22,603,730.	<196,773.>	652,098.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	27,424,203.	24,492,886.	972,739.	1,958,578.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a SEE STATEMENT 5		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		24,492,886.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		24,492,886.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	3,963,586.	45	2,396,324.	
	46 Savings and temporary cash investments	4,220,390.	46	2,529,435.	
	47 a Accounts receivable	47a 69,035.			
	b Less: allowance for doubtful accounts	47b	179,253.	47c 69,035.	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		3,597,636.	52 3,155,556.	
	53 Prepaid expenses and deferred charges		38,887.	53 25,405.	
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b		55c		
56 Investments - other	SEE STATEMENT 7	0.	56	1,000,000.	
57 a Land, buildings, and equipment: basis	57a 10,674,541.				
b Less: accumulated depreciation	57b 2,208,992.	8,300,957.	57c	8,465,549.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 8)		10,000.	58	182,793.	
59 Total assets (must equal line 74). Add lines 45 through 58		20,310,709.	59	17,824,097.	
Liabilities	60 Accounts payable and accrued expenses	346,331.	60	231,714.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	4,311,611.	64b	4,341,928.	
	65 Other liabilities (describe ►)		65		
66 Total liabilities. Add lines 60 through 65		4,657,942.	66	4,573,642.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	8,687,138.	67	8,421,083.	
	68 Temporarily restricted	6,965,629.	68	4,829,372.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		15,652,767.	73	13,250,455.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		20,310,709.	74	17,824,097.

Form 990 (2006)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	25,454,093.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): RENTAL EXPENSES	b4	432,202.
	Add lines b1 through b4	b	432,202.
c	Subtract line b from line a	c	25,021,891.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	25,021,891.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
-----------	--	--	--

a	Total expenses and losses per audited financial statements	a	27,856,405.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): RENTAL EXPENSES	b4	432,202.
	Add lines b1 through b4	b	432,202.
c	Subtract line b from line a	c	27,424,203.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	27,424,203.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 10

75b

X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c

X

If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

75d

X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76

X

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

77

X

If "Yes," attach a conformed copy of the changes

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b

X

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79

X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a

X

b If "Yes," enter the name of the organization N/A

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions)

81a

0.

b Did the organization file Form 1120-POL for this year?

81b

X

Form 990 (2006)

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	44
91 a	The books are in care of MARK METZGER Telephone no. (417) 823-8998		
	Located at 330 S. PATTERSON, SPRINGFIELD, MO ZIP + 4 65802		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
91b			X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	206,393.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	120,570.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a MISCELLANEOUS					13,381.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		120,570.		206,393.	13,381.
105 Total (add line 104, columns (B), (D), and (E))					340,344.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A INCOME IS INCIDENTAL TO THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

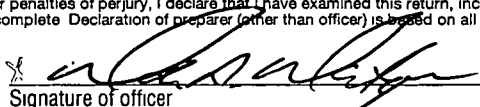

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

Please Sign Here	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.			
	 Signature of officer		Date <u>5/15/07</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>5/14/07</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 BUSH, RAMLOW & SHORE, PC 5051 S NATIONAL, STE 4-100 SPRINGFIELD, MO 65810		Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN <u> </u> Phone no. <u>417-877-0505</u>

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization

CONVOY OF HOPE

Employer identification number

68 0051386

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>RICK WAGGONER</u> <u>330 S PATTERSON, SPRINGFIELD, MO 658</u>	<u>CORP RELATIONS DIR</u> <u>40.00</u>	<u>70,200.</u>	<u>12,039.</u>	
<u>REX BORNMAN</u> <u>330 S PATTERSON, SPRINGFIELD, MO 658</u>	<u>NATIONAL REP</u> <u>40.00</u>	<u>66,590.</u>	<u>8,844.</u>	
<u>BRENTON OSGOOD</u> <u>330 S PATTERSON, SPRINGFIELD, MO 658</u>	<u>NATIONAL REP</u> <u>40.00</u>	<u>70,200.</u>	<u>8,590.</u>	
<u>ERICK MEIER</u> <u>330 S PATTERSON, SPRINGFIELD, MO 658</u>	<u>PROCUREMENT DIR</u> <u>40.00</u>	<u>60,200.</u>	<u>11,860.</u>	
<u>JEFFREY NENE</u> <u>330 S PATTERSON, SPRINGFIELD, MO 658</u>	<u>MEDIA/COMM DIR</u> <u>40.00</u>	<u>61,497.</u>	<u>9,171.</u>	

Total number of other employees paid
over \$50,000 ▶

6

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>BERKEY, BRENDL, SHELIN</u> <u>130 SPRINGSIDE DR, STE 200, AKRON, OH 44333</u>	<u>FUNDRAISING</u> <u>CONSULTING</u>	<u>68,622.</u>

Total number of others receiving over
\$50,000 for professional services ▶

0

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>STONEGATE CREATIVE (F.K.A. STONEGATE MEDIA GROUP)</u> <u>1330 EAST CHERRY STREET, SPRINGFIELD, MO 65802</u>	<u>MARKETING</u> <u>ADVISORY</u>	<u>123,988.</u>
<u>FORREST VANDEN EINDE</u> <u>2212 WEST ALLEN DRIVE, SPRINGFIELD, MO 65810</u>	<u>RECONSTRUCTION</u> <u>MANAGEMENT</u>	<u>103,930.</u>

Total number of other contractors receiving over
\$50,000 for other services ▶

0

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year	►	0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	41,417,840.	16,429,578.	9,451,030.	10,133,780.	77,432,228.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	73,898.	8,626.	13,208.	16,427.	112,159.
19 Net income from unrelated business activities not included in line 18	125,820.	195,493.	113,347.	174,689.	609,349.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,990.	2,950.	SEE STATEMENT 11 7,471.		15,411.
23 Total of lines 15 through 22	41,622,548.	16,636,647.	9,585,056.	10,324,896.	78,169,147.
24 Line 23 minus line 17	41,622,548.	16,636,647.	9,585,056.	10,324,896.	78,169,147.
25 Enter 1% of line 23	416,225.	166,366.	95,851.	103,249.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a					1,563,383.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c					78,169,147.
d Add: Amounts from column (e) for lines: 18 <u>112,159.</u> 19 <u>609,349.</u> 22 <u>15,411.</u> 26b <u> </u> ▶ 26d					736,919.
e Public support (line 26c minus line 26d total) ▶ 26e					77,432,228.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					99.0573%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> ▶ 27c					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ▶ 27d					N/A
e Public support (line 27c total minus line 27d total) ▶ 27e					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990	RENTAL INCOME	STATEMENT	1
----------	---------------	-----------	---

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
DEBT-FINANCED WAREHOUSE - SPRINGFIELD, MO	1	459,409.
NON DEBT-FINANCED WAREHOUSE - SPRINGFIELD, MO	2	93,363.
TOTAL TO FORM 990, PART I, LINE 6A		552,772.

FORM 990	RENTAL EXPENSES	STATEMENT	2
----------	-----------------	-----------	---

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		34,032.	
PAYROLL TAXES		2,157.	
BENEFITS		8,876.	
INTEREST		180,481.	
INSURANCE		3,302.	
DEPRECIATION		98,917.	
UTILITIES		6,257.	
PROFESSIONAL FEES		2,493.	
REAL ESTATE TAXES		18,117.	
BAD DEBT EXPENSE		4,571.	
- SUBTOTAL -	1		359,203.
SALARIES		6,916.	
PAYROLL TAXES		438.	
BENEFITS		1,804.	
INTEREST		36,678.	
INSURANCE		671.	
DEPRECIATION		20,102.	
UTILITIES		1,272.	
PROFESSIONAL FEES		507.	
REAL ESTATE TAXES		3,682.	
BAD DEBT EXPENSE		929.	
- SUBTOTAL -	2		72,999.
TOTAL TO FORM 990, PART I, LINE 6B			432,202.

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	169,820.	161,160.	3,228.	5,432.
DISTRIBUTION OF FOOD AND SUPPLIES	19,675,512.	19,675,512.		
INSURANCE	96,122.	36,757.	59,365.	
PROCUREMENT	223,277.	223,237.	40.	
SHIPPING	323,625.	323,625.		
REPAIRS AND MAINTENANCE	110,525.	97,103.	12,297.	1,125.
FUEL	177,787.	177,787.		
LICENSES AND FEES	65,499.	38,618.	9,125.	17,756.
GENERAL PROMOTIONAL	108,662.	28,183.		80,479.
SMALL EQUIPMENT	95,107.	80,355.	5,439.	9,313.
RELIEF AND SUPPLIES	1,389,448.	1,389,448.		
ORGANIZATIONAL SUPPORT	355,320.	337,120.	200.	18,000.
GIFTS & ENTERTAINMENT	60,854.	4,126.	5,014.	51,714.
CONFERENCES, CONVENTIONS & MEETINGS	36,428.	17,275.	10,294.	8,859.
PROFESSIONAL SERVICES	372,666.	2,854.	21,891.	347,921.
ITINERATION	5,005.	5,005.		
FEDERAL INCOME TAXES	25,662.		25,662.	
UTILITIES	44,926.		44,926.	
TAXES - REAL ESTATE	24,512.		24,512.	
GENERAL ADMINISTRATION	14,423.		3,586.	10,837.
BAD DEBT EXPENSE	9,850.		9,850.	
MEDIA	1,724.			1,724.
MERCHANDISE	20,026.			20,026.
PUBLIC RELATIONS	78,912.			78,912.
EXPENSES ALLOCATED TO RENTAL ACTIVI	<432,202.>		<432,202.>	
MISCELLANEOUS	5,565.	5,565.		
TOTAL TO FM 990, LN 43	23,059,055.	22,603,730.	<196,773.>	652,098.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HAL DONALDSON	38,300.	114.		38,414.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	38,300.	114.		38,414.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MIKE MESSNER	41,720.			41,720.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	41,720.			41,720.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK METZGER	77,200.	11,974.		89,174.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	77,200.	11,974.		89,174.
C. FUNDRAISING				

CONVOY OF HOPE68-0051386

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
MICHAEL ENNIS	79,264.	11,958.		91,222.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	79,264.	11,958.		91,222.

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
JEFF SWAIM	76,283.	12,747.		89,030.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	76,283.	12,747.		89,030.

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
KENTON MOODY	70,200.	11,898.		82,098.
A. PROGRAM SERVICES	70,200.	11,898.		82,098.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RANDY RICH	70,200.	11,920.		82,120.
A. PROGRAM SERVICES	35,100.	5,960.		41,060.
B. MANAGEMENT AND GENERAL	35,100.	5,960.		41,060.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL REDMON	61,867.	11,878.		73,745.
A. PROGRAM SERVICES	61,867.	11,878.		73,745.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KARY KINGSLAND	60,867.	11,855.		72,722.
A. PROGRAM SERVICES	60,867.	11,855.		72,722.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				269,625.
TOTAL MANAGEMENT AND GENERAL				210,368.
TOTAL FUNDRAISING				180,252.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				660,245.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
----------	--	-----------	---

DESCRIPTION OF PROGRAM SERVICE ONE

CONVOY OF HOPE IS ACTIVE BOTH IN THE UNITED STATES AND INTERNATIONALLY. THE ORGANIZATION SERVES THE POOR AND SUFFERING THROUGH ITS DISASTER RESPONSE EFFORTS, OUTREACHES AND SHIPMENTS OF HUMANITARIAN SUPPLIES. IN 2006, MORE THAN 3.9 MILLION PEOPLE WERE SERVED. APPROXIMATELY 19.5 MILLION POUNDS OF FOOD AND SUPPLIES WERE DELIVERED TO PEOPLE IN NEED AND MORE THAN 15,000 VOLUNTEERS WERE MOBILIZED TO EXTEND A HELPING HAND.

SPECIFIC COMPASSION ACTIVITIES IN 2006 INCLUDED, DELIVERING FOOD AND CLEAN WATER, OFFERING MEDICAL AND DENTAL SCREENINGS, PROVIDING FREE HAIRCUTS, CONDUCTING JOB FAIRS, ENROLLING CHILDREN IN NUTRITION PROGRAMS IN DEVELOPING COUNTRIES, AND MORE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		24,492,886.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
----------	--	-----------	---

EXPLANATION

CONVOY OF HOPE, INC. IS A CHRISTIAN COMPASSION ORGANIZATION THAT MEETS PHYSICAL AND SPIRITUAL NEEDS.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES AND OTHER INVESTMENTS	COST	1,000,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,000,000.

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
OTHER REAL ESTATE		10,000.	
DUE FROM AFFILIATED ORGANIZATION		172,793.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		182,793.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HAL DONALDSON 330 S PATTERSON SPRINGFIELD, MO 65802	BOARD CHAIRMAN & PRESIDENT 25.00	38,300.	114.	0.
MIKE MESSNER 330 S PATTERSON SPRINGFIELD, MO 65802	BOD VICE CHAIR 25.00	41,720.	0.	0.
BOB CLAY 330 S PATTERSON SPRINGFIELD, MO 65802	BOD SECRETARY 0.00	0.	0.	0.
MIKE MCCLAF LIN 330 S PATTERSON SPRINGFIELD, MO 65802	BOD TREASURER 0.00	0.	0.	0.
BARRY COREY, PH.D. 330 S PATTERSON SPRINGFIELD, MO 65802	BOD DIRECTOR 0.00	0.	0.	0.
DAVID CRIBBS 330 S PATTERSON SPRINGFIELD, MO 65802	BOD DIRECTOR 0.00	0.	0.	0.
GERRY HINDY 330 S PATTERSON SPRINGFIELD, MO 65802	BOD DIRECTOR 0.00	0.	0.	0.
BRAD TRASK 330 S PATTERSON SPRINGFIELD, MO 65802	BOD DIRECTOR 0.00	0.	0.	0.

CONVOY OF HOPE68-0051386

RANDY HURST 330 S PATTERSON SPRINGFIELD, MO 65802	BOD DIRECTOR 0.00	0.	0.	0.
MARK METZGER 330 S PATTERSON SPRINGFIELD, MO 65802	CFO 45.00	77,200.	11,974.	0.
MICHAEL ENNIS 330 S PATTERSON SPRINGFIELD, MO 65802	STRATEGIC INITIATIVES DIR 45.00	79,264.	11,958.	0.
JEFF SWAIM 330 S PATTERSON SPRINGFIELD, MO 65802	WORLD HOPE DIRECTOR 45.00	76,283.	12,747.	0.
KENTON MOODY 330 S PATTERSON SPRINGFIELD, MO 65802	INTERNATIONAL DIR 45.00	70,200.	11,898.	0.
RANDY RICH 330 S PATTERSON SPRINGFIELD, MO 65802	OPERATIONS DIR 45.00	70,200.	11,920.	0.
MICHAEL REDMON 330 S PATTERSON SPRINGFIELD, MO 65802	US DIR FOR OUTREACH 45.00	61,867.	11,878.	0.
KARY KINGSLAND 330 S PATTERSON SPRINGFIELD, MO 65802	US DIR FOR DISASTER RESPONSE 45.00	60,867.	11,855.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>575,901.</u>	<u>84,344.</u>	<u>0.</u>

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 10

INDIVIDUAL'S NAME

TITLE OR ROLE

BOB CLAY

BOD SECRETARY

INDIVIDUAL'S NAME

TITLE OR ROLE

ROB CLAY

HOPE WALK ASST DIR

EXPLANATION OF RELATIONSHIP

FATHER AND SON

INDIVIDUAL'S NAME

TITLE OR ROLE

HAL DONALDSON

BOARD CHAIRMAND AND PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

DAVID DONALDSON

HOPE WALK DIRECTOR

EXPLANATION OF RELATIONSHIP

BROTHERS

INDIVIDUAL'S NAME

TITLE OR ROLE

RANDY RICH

OPERATIONS DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

LISA RICH

INVENTORY COORDINATOR

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

INDIVIDUAL'S NAME

TITLE OR ROLE

MARK METZGER

CFO

INDIVIDUAL'S NAME

TITLE OR ROLE

SARAH METZGER

TEMP ASST/FINANCE CLERK

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

INDIVIDUAL'S NAME

TITLE OR ROLE

JEFF NENE

MEDIA/COMM DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

MICHAEL NENE

VIDEO PRODUCER

EXPLANATION OF RELATIONSHIP

FATHER AND SON

INDIVIDUAL'S NAME

TITLE OR ROLE

AUDRA WEDDLE

SHIPPING DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

LAURA WEDDLE

CHURCH RELATIONS ASST

EXPLANATION OF RELATIONSHIP

SISTERS

INDIVIDUAL'S NAME

TITLE OR ROLE

MIKE MESSNER

BOD VICE CHAIR

INDIVIDUAL'S NAME

TITLE OR ROLE

THE MOBIUS GROUP

MANAGEMENT CONSULTING

EXPLANATION OF RELATIONSHIP

MIKE MESSNER IS THE VENDOR PRESIDENT OF THE MOBIUS GROUP.

INDIVIDUAL'S NAME

TITLE OR ROLE

GERRY HINDY

BOD DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

ASSEMBLIES OF GOD FINANCIAL
SERVICES GROUP

INVESTMENT HOLDINGS

EXPLANATION OF RELATIONSHIP

GERRY HINDY IS THE PRESIDENT OF THE ASSEMBLIES OF GOD FINANCIAL SERVICES
GROUP.

INDIVIDUAL'S NAMETITLE OR ROLE

SCOTT WYNANT

BOD DIRECTOR

INDIVIDUAL'S NAMETITLE OR ROLE

STEWARD CAPITAL ADVISORS

INVESTMENT HOLDINGS

EXPLANATION OF RELATIONSHIP

SCOTT WYNANT IS THE PRESIDENT OF STEWARD CAPITAL ADVISORS.

SCHEDULE AOTHER INCOMESTATEMENT 11

<u>DESCRIPTION</u>	<u>2005 AMOUNT</u>	<u>2004 AMOUNT</u>	<u>2003 AMOUNT</u>	<u>2002 AMOUNT</u>
MISCELLANEOUS	4,990.	2,950.	7,471.	0.
TOTAL TO SCHEDULE A, LINE 22	4,990.	2,950.	7,471.	0.