

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning

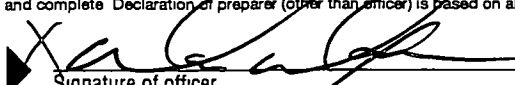

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	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		G Gross receipts \$ 45,940,218.
		City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 65802		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
		F Name and address of principal officer: HAL DONALDSON SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.CONVOYOFHOPE.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1984 M State of legal domicile: CA				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CONVOY OF HOPE, INC. IS A CHRISTIAN COMPASSION ORG. THAT MEETS PHYSICAL AND SPIRITUAL NEEDS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of employees (Part V, line 2a)	5	70
	6	Total number of volunteers (estimate if necessary)	6	29900
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	247,634.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	43,448,905.	45,049,806.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	167,994.	186,349.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	232,213.	104,618.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,827.	315,287.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,148,939.	45,656,060.
14		Benefits paid to or for members (Part IX, column (A), line 4)	39,029,203.	25,317,905.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,017,426.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	192,263.	174,811.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,956,255.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,328,492.	18,276,907.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,567,384.	47,065,150.
	19	Revenue less expenses. Subtract line 18 from line 12	<2,418,445.>	<1,409,090.>
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	18,660,256.	17,040,552.
22		Net assets or fund balances. Subtract line 21 from line 20	4,440,312.	4,229,698.

Part II Signature Block

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:  MARK METZGER, CFO Type or print name and title		Date: 5/17/10	
Paid Preparer's Use Only	Preparer's signature: 	Date: 5/17/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: BUSH, RAMLOW & SHORE, PC 2832 S INGRAM MILL RD, STE 100 SPRINGFIELD, MO 65804		EIN: 68-0051386 Phone no.: 417-877-0505	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUL 13 2010

6/6
9

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 25,184,344. including grants of \$ 24,952,115.) (Revenue \$)

SUPPLY LINE AND LOGISTICAL PROGRAM SERVICES:

CONVOY OF HOPE PROVIDES RESOURCES TO OTHER COMPASSION ORGANIZATION PARTNERS WITHIN THE UNITED STATES AND AROUND THE WORLD. THESE SUPPLY LINES AND CONVOY OF HOPE'S OTHER PROGRAM ACTIVITIES ARE SUPPORTED BY UTILIZING ITS 300,000 SQUARE FOOT WAREHOUSE AND FLEET OF TRUCKS. DURING 2009, APPROXIMATELY 6.8 MILLION PEOPLE WERE TOUCHED THROUGH THE DISTRIBUTION OF OVER \$39 MILLION OF FOOD AND OTHER RELIEF SUPPLIES. IN ADDITION, CONVOY OF HOPE PROVIDED SUPPLY LINE LOADS TO OVER 55 ORGANIZATIONAL PARTNERS WITHIN THE UNITED STATES AND TO APPROXIMATELY A DOZEN INTERNATIONAL PARTNERS (UNAUDITED).

4b (Code:) (Expenses \$ 14,763,236. including grants of \$ 316,040.) (Revenue \$)

INTERNATIONAL PROGRAM SERVICES:

CONVOY OF HOPE HAS ASSISTED INTERNATIONALLY IN MORE THAN 30 COUNTRIES WORLDWIDE. CONVOY OF HOPE'S INTERNATIONAL FOCUS IS IN THREE MAIN AREAS: COMPASSION OUTREACHES, DISASTER RESPONSE, AND INTERNATIONAL DEVELOPMENT. COMPASSION OUTREACHES, IN COLLABORATION WITH LOCAL PARTNERS, INCLUDE OUTREACH EVENTS FOCUSED ON PROVIDING FOOD FOR THE HUNGRY, WATER FOR THE THIRSTY, HELP TO THE HURTING, AND SHELTER FOR THE HOMELESS. DISASTER RESPONSE INCLUDES RESPONDING TO TRAUMATIC EVENTS WORLDWIDE BY PROVIDING HUNDREDS OF THOUSANDS OF POUNDS OF FOOD AID, AS WELL AS CLEANING AND SHELTER SUPPLIES, TO DESPERATE SURVIVORS IN THE MOST AFFECTED AREAS. INTERNATIONAL DEVELOPMENT FOCUSES ON CREATING SUSTAINABLE SOLUTIONS TO HELP ERADICATE POVERTY IN COMMUNITIES BY

4c (Code:) (Expenses \$ 2,171,064. including grants of \$ 37,000.) (Revenue \$)

US OUTREACH:

CONVOY OF HOPE CONDUCTS OUTREACHES DESIGNED TO HELP FAMILIES IN NEED ACROSS AMERICA. CONVOY OF HOPE PARTNERS WITH LOCAL ORGANIZATIONS, CHURCHES, BUSINESSES AND GOVERNMENT AGENCIES TO HOST A SPECIAL DAY EVENT WHERE GUESTS OF HONOR CAN BE INTRODUCED TO THESE ORGANIZATIONS AND VOLUNTEERS WHO CAN PROVIDE LONG-TERM SUPPORT, RESOURCES AND ENCOURAGEMENT. A TYPICAL CONVOY OF HOPE OUTREACH INCLUDES MEDICAL/DENTAL SCREENINGS, HAIRCUTS, HOT MEALS, BAGS OF GROCERIES, A CONNECTION TO LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS, JOB PLACEMENT, AND KIDS' ZONE AND FAMILY ENTERTAINMENT. DURING 2009, CONVOY OF HOPE CONDUCTED 59 OUTREACHES ACROSS 27 CITIES AND SERVED OVER 111,000 GUESTS. CONVOY OF HOPE OUTREACHES WERE

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,302,638. including grants of \$ 12,750.) (Revenue \$)

4e Total program service expenses ► \$ 43,421,282.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes 12A	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 49		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 70		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a X	
b If "Yes," enter the name of the foreign country ► EL SALVADOR See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			9a
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Form 990 (2009)

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

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AK, AR, AZ, CA, CO, KY, MI, MN, MS, NC, ND, NH**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **MARK METZGER - (417) 823-8998**
330 S. PATTERSON, SPRINGFIELD, MO 65802

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE MESSNER VICE CHAIR	1.00	X						0.	0.	0.
BOB CLAY SECRETARY	1.00	X						0.	0.	0.
MIKE MCCLAFILIN CHAIR	1.00	X						0.	0.	0.
BARRY COREY, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
DAVID CRIBBS BOARD MEMBER	1.00	X						0.	0.	0.
GERRY HINDY BOARD MEMBER	1.00	X						0.	0.	0.
BRAD TRASK TREASURER	1.00	X						0.	0.	0.
RANDY HURST BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT WYNANT BOARD MEMBER	1.00	X						0.	0.	0.
COURT DURKALSKI BOARD MEMBER	1.00	X						0.	0.	0.
DOMINICK GARCIA BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL KERN BOARD MEMBER	1.00	X						0.	0.	0.
HUGH "OSSIE" MILLS BOARD MEMBER	1.00	X						0.	0.	0.
BRAD ROSENBERG BOARD MEMBER	1.00	X						0.	0.	0.
HAL DONALDSON PRESIDENT/EX OFFICIO	40.00			X				92,731.	0.	69,305.
MARK METZGER CFO	40.00			X				94,067.	0.	0.
JIM BATTEN EXEC VICE PRESIDENT	40.00			X				105,740.	0.	0.

Part VII

1b Total	▶	292,538.	0.	69,305.
-----------------	----------	-----------------	-----------	----------------

1

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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.

(A) Name and business address	(B) Description of services	(C) Compensation
V ALEXANDER & COMPANY INC PO BOX 30250, MEMPHIS, TN 38130-0205	OCEAN FREIGHT CONTRACTED SHIPPING	462,475.
HOSTETTLER SALES & CONSTRUCTION 210 KELLY RD, BUFFALO, MO 65622	BUILDING MATERIALS FOR CONSTRUCTION OVE	123,326.
NORTH COAST LITHO 1444 E 49TH ST, CLEVELAND, OH 44103	DIRECT MAIL SOLICITATION PREPARA	115,804.

3

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	519,146.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44530660.				
	g Noncash contributions included in lines 1a-1f \$		39254553.				
	h Total. Add lines 1a-1f			45049806.			
Program Service Revenue	2 a 3RD PARTY SUPPLY LINE	Business Code	480000	186,349.			186,349.
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			186,349.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			104,618.			104,618.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses	590,546.					
	c Rental income or (loss)	284,158.					
	d Net rental income or (loss)	306,388.		306,388.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MISC. REVENUE-RELATED-	900099		7,715.	7,715.			
b MERCHANDISE INCOME	900099		1,184.	1,184.			
c							
d All other revenue							
e Total. Add lines 11a-11d			8,899.				
12 Total revenue. See instructions.			45656060.	8,899.	306,388.	290,967.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	24,993,387.	24,993,387.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,478.	8,478.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	316,040.	316,040.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,340.		347,340.	
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	1,741,354.	687,965.	492,505.	560,884.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,026,412.	588,078.	170,625.	267,709.
10 Payroll taxes	180,421.	101,876.	46,892.	31,653.
11 Fees for services (non-employees).				
a Management	5,000.		5,000.	
b Legal	5,172.	700.	4,472.	
c Accounting	26,500.	500.	26,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	174,811.			174,811.
f Investment management fees				
g Other	119,294.	49,529.	18,027.	51,738.
12 Advertising and promotion	183,223.	22,959.	14,923.	145,341.
13 Office expenses	133,705.	32,811.	37,144.	63,750.
14 Information technology	31,461.		31,461.	
15 Royalties				
16 Occupancy	205,090.	8,842.	196,248.	
17 Travel	795,793.	505,547.	81,394.	208,852.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	68,194.	18,905.	17,818.	31,471.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	443,134.	357,828.	50,316.	34,990.
23 Insurance	84,100.	44,377.	39,589.	134.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RELIEF AND SUPPLIES	14,617,841.	14,617,841.		
b SHIPPING OUTBOUND	740,914.	740,914.		
c SPECIAL EVENTS	333,472.			333,472.
d EQUIPMENT REPAIR AND RE	193,885.	193,885.		
e FEDERAL INCOME TAXES	70,232.		70,232.	
f All other expenses	219,897.	130,820.	37,627.	51,450.
25 Total functional expenses. Add lines 1 through 24f	47,065,150.	43,421,282.	1,687,613.	1,956,255.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,968,175.	1	3,087,346.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	121,569.	4	207,877.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,987,956.	8	5,503,286.
	9 Prepaid expenses and deferred charges	45,913.	9	38,221.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,803,878.		
	b Less: accumulated depreciation	10b 3,698,218.	10c	8,105,660.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,000,006.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	166,099.	15	98,162.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,660,256.	16	17,040,552.	
Liabilities	17 Accounts payable and accrued expenses	331,383.	17	324,544.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	1,500.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,108,929.	23	3,903,654.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,440,312.	26	4,229,698.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,909,162.	27	6,947,119.
	28 Temporarily restricted net assets	7,310,782.	28	5,863,735.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,219,944.	33	12,810,854.
34 Total liabilities and net assets/fund balances	18,660,256.	34	17,040,552.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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 in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41417840.	24681547.	32958182.	43448905.	45049806.	187556280
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	41417840.	24681547.	32958182.	43448905.	45049806.	187556280
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						187556280

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	41417840.	24681547.	32958182.	43448905.	45049806.	187556280
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,898.	206,393.	266,979.	232,214.	104,618.	884,102.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	125,820.	120,570.	208,189.	267,152.	306,388.	1028119.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,990.	13,381.	28,594.	28,510.	7,715.	83,190.
11 Total support. Add lines 7 through 10						189551691
12 Gross receipts from related activities, etc. (see instructions)					12	933,435.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.95 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.89 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 8/17/06 | 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, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| (ii) Assets included in Form 990, Part X | ► \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| b Assets included in Form 990, Part X | ► \$ _____ |

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
c Beginning balance	1c 0.
d Additions during the year	1d 4,250.
e Distributions during the year	1e 2,750.
f Ending balance	1f 1,500.

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		733,000.		733,000.
b Buildings		7,040,419.	1,749,354.	5,291,065.
c Leasehold improvements				
d Equipment		4,016,476.	1,948,864.	2,067,612.
e Other		13,983.		13,983.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,105,660.

Schedule D (Form 990) 2009

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
1. Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,656,060.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	47,065,150.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,409,090.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,409,090.>

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

1	Total revenue, gains, and other support per audited financial statements	1	46,708,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	768,460.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	284,158.
e	Add lines 2a through 2d	2e	1,052,618.
3	Subtract line 2e from line 1	3	45,656,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	45,656,060.

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

1	Total expenses and losses per audited financial statements	1	48,117,768.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	768,460.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	284,158.
e	Add lines 2a through 2d	2e	1,052,618.
3	Subtract line 2e from line 1	3	47,065,150.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	47,065,150.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B: CONVOY OF HOPE COLLECTED \$4,250 OF FUNDS COLLECTED ON

BEHALF OF OTHERS DURING 2009, \$2,750 OF WHICH WERE PAID OUT PRIOR TO YEAR

END AND A \$1,500 LIABILITY REMAINED ON THE BALANCE SHEET AT 12/31/09.

PART X: CONVOY ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES (FIN 48) (ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC

740, INCOME TAXES) FOR THE YEAR ENDED DECEMBER 31, 2009. MANAGEMENT

Part XIV Supplemental Information (continued)

EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED CONVOY HAD TAKEN
NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL
STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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
LATIN AMERICA AND THE CARRIBEAN	2	17	PROGRAM SERVICES & GRANTS	OUTREACH, DISASTER RESPONSE, SUPPLY LINES & DEVELOPMENT/FEEDING	10,559,609.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES & GRANTS	DISASTER RESPONSE AND SUPPLY LINES	164,116.
EUROPE AND CENTRAL ASIA	0	4	PROGRAM SERVICES & GRANTS	OUTREACH, DISASTER RESPONSE & SUPPLY LINES	736,163.
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	SUPPLY LINES	99,174.
NORTH AMERICA	1	85	PROGRAM SERVICES & GRANTS	OUTREACH, DISASTER RESPONSE & SUPPLY LINES	1,239,943.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES & GRANTS	SUPPLY LINES	543,016.
SOUTH AMERICA	0	0	PROGRAM SERVICES & GRANTS	SUPPLY LINES	5,256.
SOUTH ASIA	0	0	PROGRAM SERVICES & GRANTS	DISASTER RESPONSE	146,887.
Totals	3	119			14,794,923.

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

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒ **X**

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE & CENTRAL ASIA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	40,000	WIRE TRANSFER	0		
			AFRICA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	9,000	WIRE TRANSFER	0		
			EAST ASIA & PACIFIC	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	5,000	WIRE TRANSFER	0		
			LATIN AMERICA & THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	10,800	CASH DISBURSEMENT	0		
			AFRICA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	0		225,720	FOOD AND SUPPLIES	FAIR VALUE
			LATIN AMERICA & THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	0		25,520	FOOD AND SUPPLIES	FAIR VALUE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ... 6

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: CONVOY OF HOPE MAINTAINS PARTNERSHIP
RELATIONSHIPS WITH ORGANIZATIONS WORLDWIDE AND MONITORS THEIR PROGRAM
NEEDS AND ABILITY TO FURTHER CARRY OUT CONVOY OF HOPE'S MISSION IN OTHER
COUNTRIES IN AN EFFECTIVE AND EFFICIENT MANNER. CONVOY OF HOPE'S
INTERNATIONAL DEPARTMENT SCREENS RECIPIENT ORGANIZATIONS AND COMPLETES
RANDOM COUNTRY VISITS TO MONITOR THE USE OF GRANTS AND OUTCOMES.

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

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
AFRICA	0	11	PROGRAM SERVICES & GRANTS	OUTREACH, DISASTER RESPONSE, SUPPLY LINES & DEVELOPMENT/FEEDING	1,300,759.
Totals		11			1,300,759.

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

Schedule F-1 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

2009

Open To Public Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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 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			
NORTH COAST LITHO	DIRECT MAIL SOLICITATION PREP		X	108,270.	95,985.	12,285.
BERKEY, BRENDL, SHELINE	FUNDRAISING CONSULTANT		X	88,914.	78,826.	10,088.
Total				197,184.	174,811.	22,373.

- 3 List all states in which the organization is registered or licensed to solicit funds 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" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				()
11 Net income summary. Combine line 3, column (d), and line 10				

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

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

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? _____
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****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?**17a****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 ▶ \$ _____

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ► ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD AND AFFILIATES - 1445 NORTH BOONVILLE AVENUE - SPRINGFIELD, MO 55802	44-0577787	501(C)3	226,189.	0.			AG MISSIONARY FUNDING AND SUPPORT
BREAD OF LIFE 253 NORTH 6TH STREET NEWPORT, PA 17074	23-1988339	OTHER RELIGIOUS ORG	0.	216,752.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CAMP BARNABAS RR 2 BOX 131 PURDY, MO 65734	43-1700240	CORP	0.	131,357.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CAYWOOD MINISTRIES 5040 BOSQUE RIDGE CRAWFORD, TX 76638	74-2914188	CORP	0.	135,352.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHILDREN'S HUNGER FUND 940 EISENHOWER RD, BLDG A, STE 14 SAN ANTONIO, TX 78218	95-4335462	CORP	0.	355,506.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRISTIAN ACTION MINISTRIES 202 B BAUGHN STREET BRANSON, MO 65616	43-1355905	501(C)3	0.	8,754.	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
2 Enter total number of section 501(c)(3) and government organizations							► 41.
3 Enter total number of other organizations							► 20.

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance.
FOOD PRODUCT DISTRIBUTION	1	0.	8,478.	FMV	FOOD

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

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I 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
COMPASSION ALLIANCE 2200 NE 36TH AVE, STE 508 OCALA, FL 34470	84-1651362	CORP	0.	3,429,218, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
COMPASSION COALITION 509 LAFAYETTE STREET UTICA, NY 13502	16-1579336	CORP	0.	1,451,646, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FARM SHARE INC 300 N KROME AVE FLORIDA CITY, FL 33034	65-0342192	501(C)3	0.	1,040,396, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FEEDING FRESNO 1545 FULTON STREET FRESNO, CA 93777		NOT AVAILABLE	0.	95,220, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
GREAT COMMISSIONS 11311 VIRGINIA DRIVE BONITA SPRINGS, FL 34135	16-1575609	501(C)3	0.	117,294, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HEART OF COMPASSION 2109 DUFREE STREET EL MONTE, CA 91732	42-1573926	501(C)3	0.	2,956,614, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HEH INC. 631 1/2 DEPOT STREET BLISSFIELD, MI 49228	20-2676354	501(C)3	0.	4,584,089, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HELPING HURTING CHILDREN PO BOX 701286 TULSA, OK 74170	73-1610281	501(C)3	0.	562,919, FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I 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
HOPE DISTRIBUTORS 305 S LINCOLN STREET LOWELL, AR 72745	27-0381844	501(C)3	0.	678,560.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE FOR THE CITY 7003 OXFORD STREET ST LOUIS PARK, MN 55426	37-1441658	501(C)3	0.	112,883.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
KIDS ACROSS AMERICA 1429 LAKESHORE DRIVE BRANSON, MO 65616	43-1348373	501(C)3	0.	24,895.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
LA DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026	43-2080621	501(C)3	0.	198,760.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
MIDWEST FOOD BANK 1703 S VETERANS PARKWAY BLOOMINGTON, IL 61701	41-2120170	501(C)3	0.	1,470,462.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
MY NEIGHBOR'S PANTRY 10275 E HIGHWAY 76 FORSYTH, MO 65653	43-1612944	501(C)3	0.	8,157.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTHERN AZ FOOD BANK 3805 E HUNTINGTON DRIVE FLAGSTAFF, AZ 86004	73-1330955	CORP	0.	260,374.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
OPERATION COMPASSION 114 STUART RD NE STE 370 CLEVELAND, TN 37312	62-1697490	501(C)3	0.	1,220,693.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I 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
OPERATION FOOD SEARCH 6282 OLIVE BLVD ST LOUIS, MO 63130	43-1241854	501(C)3	0.	11,500. ^{FMV}		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
OUTREACH UNLIMITED 100 I-45 NORTH, SUITE 210 CONROE, TX 77301	37-0984385	CORP	0.	1,176,165. ^{FMV}		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
ST LOUIS DREAM CENTER 4324 MARGARETTA AVE ST LOUIS, MO 63115	43-1382734	501(C)3	0.	265,723. ^{FMV}		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
VICTORY MISSION 700 W CHASE SPRINGFIELD, MO 65803	43-1345089	501(C)3	0.	597,845. ^{FMV}		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
WAY OF THE CROSS 224 N F STREET HARLINGEN, TX 78550	74-2585510	501(C)3	0.	37,725. ^{FMV}		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FEED MY STARVING CHILDREN 401 N 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501(C)3	29,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SOJOURNERS 3333 14TH ST NW, SUITE 200 WASHINGTON, DC 20010	23-7380554	501(C)3	15,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
TRINITY ASSEMBLY OF GOD 2122 W JOPPA RD LUTHERVILLE, MD 21093	52-1242292	501(C)3	15,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I 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 ROCK OUTREACH CENTER 620 WOODWORTH BLVD PORT ARTHUR, TX 77640	44-0577787	501(C)3	10,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FIRST ASSEMBLY OF GOD 2512 AVENUE N ROSENBERG, TX 77471	74-1964001	501(C)3	7,000.	0.			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTH POINT CHURCH 3401 W NORTON ROAD SPRINGFIELD, MO 65803	05-0574634	501(C)3	5,000.	2,350. FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
ACTS WORLD RELIEF 7501 SAVANNAH DRIVE OOLTEWAH, TN 37363	59-3715468	501(C)3	0.	417,152. FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHILDREN'S FEEDING NETWORK 15374 W COUNTY LINE ROAD REPUBLIC, MO 65738	48-0971077	501(C)3	0.	7,448. FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHURCH'S ARMY 501 5TH STREET BRANSON, MO 65616	25-1624453	CORP	0.	8,795. FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
COMLINKS COMMUNITY ACTION 343 W MAIN ST MALONE, NY 12953		NOT AVAILABLE	0.	7,286. FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CORNERSTONE CHURCH 16010 ANNAPOLIS ROAD BOWIE, MD 20715	52-1129473	501(C)3	0.	20,119. FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

Part I 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
COTTONWOOD CREEK BAPTIST 1015 STATE HIGHWAY 121 ALLEN, TX 75013	75-2071464	501(C)3	0.	17,250.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
DAILY BREAD MINISTRIES 700 W HOUSTON STREET SAN ANTONIO, TX 78207	74-2863470	501(C)3	0.	22,000.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FEED THE HUNGRY 530 E IRELAND ROAD SOUTH BEND, IN 46614	32-0053249	501(C)3	0.	246,803.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)3	0.	102,197.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HARVEST TIME AG 2200 VENTURA DRIVE BRENTWOOD, CA 94513		NOT AVAILABLE	0.	26,551.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HELP THE CHILDREN, CHILDREN'S NETWORK INT'L - 5600 RICKENBACHER RD BLDG 1B - BELL, CA 90201		CORP	0.	81,000.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HERE'S LIFE INNER CITY - CAMPUS CRUSADE FOR CHRIST - 100 LAKE HART DRIVE - ORLANDO, FL 32832	95-6006173	501(C)3	0.	135,119.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
INNER CITY OUTREACH 2020 BATTLEFIELD SPRINGFIELD, MO 65804	43-0972180	CORP	0.	102,501.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

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

Schedule I-1 (Form 990) 2009

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

Part I 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		
LIPE FELLOWSHIP 600 S JUPITER ALLEN, TX 75002	20-2721374	501(C)3	0.	33,375.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
NEIGHBORCARE INC 1344 WEST BLANCO SAN ANTONIO, TX 78232		NOT AVAILABLE	0.	433,087.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
NINEVAH OUTREACH 1601 COFFEE ROAD MODESTO, CA 95355	94-1294940	CORP	0.	381,895.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102		NOT AVAILABLE	0.	163,800.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
PEOPLE'S CHURCH 4955 A STREET SAN DIEGO, CA 92102		NOT AVAILABLE	0.	37,800.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
PROVISIONS FOR THE JOURNEY 1624-B SOUTH NAPPANCEE ST ELKHART, IN 46516	27-0226216	501(C)3	0.	104,743.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
S.A.M. INTERNATIONAL 4725 EVORA ROAD CONCORD, CA 94520		NOT AVAILABLE	0.	29,212.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		
SALVATION ARMY 1200 NORTH B STREET SACRAMENTO, CA 95811		NOT AVAILABLE	0.	109,170.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

Part I 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
SO. CRESCENT RESOURCE MINISTRY 112 PARK WEST DRIVE MCDONOUGH, GA 30253	58-2097740	501(C)3	0.	746,542.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SOUTH DAKOTA TEEN CHALLENGE 317 3RD AVE BROOKINGS, SD 57006	46-0319355	501(C)3	0.	20,651.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SOUTH HILLS CHURCH 2585 S MAIN STREET CORONA, CA 92882		501(C)3	0.	28,913.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
TRI-COUNTY ASSEMBLY 7350 DIXIE HIGHWAY FAIRFIELD, OH 45014	31-0870693	CORP	0.	38,199.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
UNCOR SAGER BROWN 1331 SAGER BROWN RD BALDWIN, LA 70514	13-5562279	501(C)3	0.	12,961.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
VICTORY JUNCTION CAMP 4500 ADAM'S WAY RANDLEMAN, NC 27317	56-2215292	501(C)3	0.	56,261.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
WORLD IN NEED 23543 STATE HIGHWAY 288 NORTH ANGELTON, TX 77515	58-1379188	501(C)3	0.	144,158.FMV		FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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 in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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 officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- 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) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type 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
HAL DONALDSON, PRESIDENT	BROTHER OF DAVE DON	91,050.	BROTHER'S S		X
BOB CLAY, BOB SECRETARY	FATHER OF ROB CLAY,	80,186.	SON'S SALAR		X
MIKE MCCLAFLIN, BOB CHAIR	FATHER-IN-LAW OF DU	39,017.	SON-IN-LAW'		X
MIKE MCCLAFLIN, BOB CHAIR	FATHER OF JENNIFER	15,947.	DAUGHTER'S		X
GERRY HINDY, BOARD MEMBER	PRESIDENT/CEO OF AG	2,000,000.	YE INVESTME		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,301,086.	FAIR MARKET VALUE
5 Clothing and household goods	X		4,906,593.	FAIR MARKET VALUE
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	935	30,453,707.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	17	634,129.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (OTHER RELIEF)	X	13	805,534.	FAIR MARKET VALUE
26 Other ► (NON VEHICLE C)	X	1	123,500.	FAIR MARKET VALUE
27 Other ► (NON VEHICLE A)	X	1	30,004.	FAIR MARKET VALUE
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 Acknowledgment

29

17

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

PROVIDING CLEAN AND SAFE WATER, NUTRITION AND FOOD PROGRAMS,

AGRICULTURAL INITIATIVES, AND HEALTHY LIVING ENVIRONMENTS.

DURING 2009, CONVOY OF HOPE LED 158 OUTREACHES, RESPONDED TO 18

DISASTERS, DISTRIBUTED OVER 2,000 SCHOOL KITS AND OVER 1,000 FAMILY

SEED KITS, INSTALLED OVER 100 WATER FILTERS, AND THROUGH PARTNERSHIPS

FED OVER 20,000 CHILDREN DAILY IN 4 COUNTRIES (UNAUDITED). IN

ADDITION, CONVOY OF HOPE OFFERS OPPORTUNITIES FOR INDIVIDUALS TO IMPACT

THE WORLD THROUGH SHORT-TERM MISSION TRIPS AND INTERNSHIP PROGRAMS.

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

SUPPORTED BY 900 CHURCHES/ORGANIZATIONS AND NEARLY 23,000 VOLUNTEERS

(UNAUDITED).

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

US DISASTER RESPONSE PROGRAM SERVICES:

CONVOY OF HOPE IS CONSIDERED A "FIRST RESPONDER" IN DISASTER RELIEF.

CONVOY OF HOPE'S FOCUS IS TO ADDRESS HUMAN NEEDS FOLLOWING TORNADOES,

FLOODS, HURRICANES, WILDFIRES AND OTHER DISASTERS. IN ADDITION, CONVOY

OF HOPE'S DISASTER RESPONSE TEAM FACILITATES RELIEF EFFORTS BETWEEN

CHURCHES, THE EMERGENCY COMMUNITY AND OTHER ORGANIZATIONS TO SERVE THE

NEEDS OF SURVIVORS.

DURING 2009, CONVOY OF HOPE RESPONDED DOMESTICALLY TO 9 DISASTERS.

THIS INCLUDED SERVING JUST UNDER 84,000 RESIDENTS IN 50 COMMUNITIES

ACROSS 7 STATES AND FACILITATING OVER 98 RESPONSE TEAMS WHILE

PARTNERING WITH OVER 52 ORGANIZATIONS (UNAUDITED).

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

EXPENSES \$ 1302638. INCLUDING GRANTS OF \$ 12750. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: MR. MILLS AND MR. COREY HAVE A REPORTABLE FAMILY RELATIONSHIP AS BOTH ARE BOARD MEMBERS OF CONVOY OF HOPE AND MR. MILLS IS MARRIED TO MR. COREY'S SISTER. ADDITIONALLY, MR. CRIBBS AND MR. HINDY HAVE A REPORTABLE BUSINESS RELATIONSHIP AS BOTH ARE BOARD MEMBERS OF CONVOY OF HOPE AND MR. CRIBBS ALSO SERVES ON THE BOARD OF THE ORGANIZATION THAT MR. HINDY IS PRESIDENT/CEO.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FINAL FORM 990 AND 990-T ARE EMAILED TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. IN THE EVENT THE ORGANIZATION IS UNABLE TO PROVIDE THE FORMS PRIOR TO FILING, COPIES ARE PROVIDED TO BOARD MEMBERS AS SOON AS POSSIBLE AND THE ORGANIZATION'S AUDIT COMMITTEE MEETS TO DISCUSS THE FORM 990 AND 990-T. BOARD MEMBERS ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CONTACT THE PREPARER, OTHER BOARD MEMBERS, AND/OR EXECUTIVE OFFICERS WITH ANY QUESTIONS OR CONCERNS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH DECISION MAKER (E.G. DIRECTORS, OFFICERS, AND OTHER EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION OR ITS BOARD, OR MAKE COMMITMENTS ON THEIR BEHALF) IS REQUIRED TO COMPLETE THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE CONFIRMING THAT ALL CONFLICTS AND POTENTIAL CONFLICTS EXISTING DURING THE PRIOR YEAR, OR CURRENTLY EXISTING, HAVE BEEN DISCLOSED. THE ORGANIZATION'S FINANCE/COMPLIANCE DEPARTMENT COMPILES, SUMMARIZES, AND REPORTS ON THE TOTAL CONFLICT OF INTEREST QUESTIONNAIRES ISSUED AND

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

COMPLETED, AS WELL AS A SUMMARY OF POSSIBLE CONFLICTS. THE REPORTING IS
REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE, PRESIDENT, AND BOARD
CHAIRMAN TO DETERMINE WHETHER THE REPORTED TRANSACTION AND/OR OTHER
CONFLICTING RELATIONSHIP IS JUST, FAIR, AND REASONABLE.

FORM 990, PART VI, SECTION B, LINE 15: DURING 2009 A BOARD LEVEL
COMPENSATION COMMITTEE WAS FORMALLY ORGANIZED AND CHARGED WITH THE
RESPONSIBILITY FOR EVALUATING THE EXECUTIVE COMPENSATION PROGRAM IN PLACE
FOR 2009 AND ALSO FOR DEVELOPING A MORE FORMAL EXECUTIVE COMPENSATION
PROGRAM FOR 2010 AND SUBSEQUENT YEARS. AN INDEPENDENT, OUTSIDE
COMPENSATION CONSULTANT AGENCY WAS ENGAGED TO REVIEW THE TOP FIVE EXECUTIVE
POSITIONS AT CONVOY OF HOPE AGAINST NATION-WIDE COMPENSATION DATA FOR
SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED
ORGANIZATIONS. THE AGENCY'S RECOMMENDATIONS WERE APPROVED BY THE BOARD AND
IMPLEMENTED ACCORDINGLY.

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

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

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

THE PRIMARY FUNCTIONS OF THE AUDIT COMMITTEE ARE TO ASSIST THE BOARD OF

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

DIRECTORS IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES WITH RESPECT TO:

(I) THE ORGANIZATION'S SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE,

ACCOUNTING, LEGAL COMPLIANCE AND ETHICAL BEHAVIOR; (II) THE

ORGANIZATION'S AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES

GENERALLY; (III) THE ORGANIZATION'S FINANCIAL STATEMENTS AND OTHER

FINANCIAL INFORMATION PROVIDED BY THE ORGANIZATION TO CONSTITUENTS, ANY

GOVERNMENT AGENCIES, THE PUBLIC AND OTHERS; (IV) THE ORGANIZATION'S

COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS; AND (V) THE

PERFORMANCE OF INTERNAL AUDIT EFFORTS AND INDEPENDENT AUDITORS. THE

AUDIT COMMITTEE HAS NOT CHANGED PROCESSES FROM THE PRIOR YEAR.

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

REIMBURSEMENTS REPORTED INCLUDE FIXED MONTHLY CONSULTING FEES PLUS

REIMBURSABLE OUT OF POCKET TRAVEL EXPENSES, AS WELL AS, FUNDRAISING

APPEAL PREPARATION RELATED COSTS TO INCLUDE SUCH THINGS AS POSTAGE,

FREIGHT, AND ENVELOPES. CONSULTANTS DO NOT SOLICIT AND DO NOT AT ANY

TIME HAVE CUSTODY OR CONTROL OF DONATIONS.

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

(A) NAME OF PERSON: HAL DONALDSON, PRESIDENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF DAVE DONALDSON, A PAID EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: BROTHER'S SALARY

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF ROB CLAY, A PAID EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: SON'S SALARY

(A) NAME OF PERSON: MIKE MCCLAFLIN, BOD CHAIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER-IN-LAW OF DUSTIN BELL, A PAID EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: SON-IN-LAW'S SALARY

(A) NAME OF PERSON: MIKE MCCLAFLIN, BOD CHAIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF JENNIFER BELL, A PAID EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: DAUGHTER'S SALARY

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/CEO OF AG FINANCIAL SOLUTIONS (INVESTMENT FIRM)

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

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

CONVOY OF HOPE'S FULL BOARD MEETS TWICE A YEAR AND DURING THE INTERIM,

CONVOY OF HOPE'S EXECUTIVE BOARD IS CHARGED WITH ADDRESSING FIDUCIARY

AND STRATEGIC ISSUES. CONVOY OF HOPE'S EXECUTIVE BOARD IS COMPOSED OF

5 MEMBERS FROM THE FULL BOARD AND CONVOY OF HOPE'S PRESIDENT.

FORM 990, PART X, LINES 27 & 28:

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CONVOY OF HOPE

Employer identification number
68-0051386

CORRECTION OF AN ERROR

DURING 2009, CONVOY DETERMINED THAT APPROXIMATELY \$3.7 MILLION IN
ENDING GIFT-IN-KIND INVENTORY HAD UNMET PURPOSE RESTRICTIONS WHICH
SHOULD HAVE BEEN CLASSIFIED AND REPORTED AS TEMPORARILY RESTRICTED NET
ASSETS IN 2008. CONVOY CORRECTED THE INTERNAL PROCESS TO ENSURE GIK
TRANSACTIONS ARE CONSISTENTLY BEING REPORTED WITH ALL OTHER TEMPORARILY
RESTRICTED CONTRIBUTIONS. CONVOY ASSESSED THE MATERIALITY OF THE ERROR
ON THE 2008 FINANCIAL STATEMENTS AND DETERMINED IT IS A MATERIAL
RECLASSIFICATION IN RELATION TO PREVIOUSLY REPORTED NET ASSET AMOUNTS
CONTAINED IN SUCH FINANCIAL STATEMENTS. THERE WAS, HOWEVER, NO IMPACT
ON CONVOY'S TOTAL ASSETS, TOTAL NET ASSETS, TOTAL SUPPORT, AND/OR TOTAL
CHANGES IN NET ASSETS AS CONTAINED IN SUCH FINANCIAL STATEMENTS.