


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
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	C Name of organization CONVOY OF HOPE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 330 S PATTERSON City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 65802	D Employer identification number 68-0051386 E Telephone number (417) 823-8998 G Gross receipts \$ 60,310,638
	F Name and address of principal officer HAL DONALDSON 330 S PATTERSON 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 ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	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 IS A FAITH BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH CHILDRENS' FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER RESPONSE, AND PARTNER RESOURCING		
	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	8
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	80
	6 Total number of volunteers (estimate if necessary)	6	41,000
	7a	287,672	
	7b	224,794	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	45,049,806	59,354,946
	9 Program service revenue (Part VIII, line 2g)	186,349	143,143
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,618	1,314
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	315,287	310,062
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,656,060	59,809,465
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,317,905	17,037,331
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,295,527	4,245,091
	16a Professional fundraising fees (Part IX, column (A), line 11e)	174,811	181,779
	b Total fundraising expenses (Part IX, column (D), line 25) ▶3,126,858		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,276,907	30,751,994
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,065,150	52,216,195
	19 Revenue less expenses Subtract line 18 from line 12	-1,409,090	7,593,270
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	17,040,552	24,595,702
	21 Total liabilities (Part X, line 26)	4,229,698	4,191,578
	22 Net assets or fund balances Subtract line 21 from line 20	12,810,854	20,404,124

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

Sign Here	<div>Signature of officer</div> <div>MARK METZGER CFO</div> <div>Type or print name and title</div>	<div>2011-08-15</div> <div>Date</div>				
Paid Preparer Use Only	Print/Type preparer's name GREGORY W BUSH	Preparer's signature GREGORY W BUSH	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name ▶ BUSH RAMLOW & SHORE PC					Firm's EIN ▶
	Firm's address ▶ 2832 S INGRAM MILL RD STE 100 SPRINGFIELD, MO 65804					Phone no ▶ (417) 877-0505
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

Briefly describe the organization's mission

CONVOY OF HOPE IS A FAITH BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH CHILDRENS' FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER RESPONSE, AND PARTNER RESOURCING

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

4a

(Code) (Expenses \$ 18,774,370 including grants of \$ 626,458) (Revenue \$)

GLOBAL DISASTER RESPONSE THROUGH ITS INITIAL RESPONSE TEAMS, FLEET OF TRACTOR-TRAILERS, 300,000 SQUARE FOOT WORLD DISTRIBUTION CENTER AND ON-THE-GROUND PARTNERS, THE ORGANIZATION QUICKLY AND EFFECTIVELY PROVIDES RESOURCES INCLUDING WATER, ICE, FOOD, SHELTER, AND EMERGENCY SUPPLIES TO SURVIVORS OF DISASTERS DURING 2010, CONVOY OF HOPE RESPONDED GLOBALLY TO 13 MAJOR DISASTERS THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 150 LOADS OF DISASTER RELIEF SUPPLIES TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 6 STATES AND 6 COUNTRIES, WHILE PARTNERING WITH OVER 140 ORGANIZATIONS (UNAUDITED)

4b

(Code) (Expenses \$ 16,599,106 including grants of \$ 15,619,822) (Revenue \$)

PARTNER RESOURCING THROUGH COLLABORATION WITH OTHER LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS REACH BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS DURING 2010, MORE THAN 7.7 MILLION PEOPLE WERE TOUCHED THROUGH THE DISTRIBUTION OF OVER \$39 MILLION OF FOOD, WATER, AND OTHER RELIEF SUPPLIES. IN ADDITION, CONVOY OF HOPE PROVIDED SUPPLY LINE LOADS TO OVER 45 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED)

4c

(Code) (Expenses \$ 9,287,602 including grants of \$ 695,342) (Revenue \$)

CHILDREN'S FEEDING INITIATIVES THE ORGANIZATION NOT ONLY PROVIDES MEALS, BUT ALSO CREATES SUSTAINABLE SOLUTIONS TO HELP ERADICATE POVERTY AND HUNGER THROUGH NUTRITION, CLEAN AND SAFE WATER, AGRICULTURAL INITIATIVES, HEALTHY LIVING ENVIRONMENTS, AND EDUCATION DURING 2010, CONVOY OF HOPE'S CHILDREN'S FEEDING INITIATIVES PROVIDED FOOD FOR MORE THAN 34,000 KIDS EVERY DAY IN 6 COUNTRIES CONVOY OF HOPE IS COMMITTED TO TAKING A HOLISTIC APPROACH TO FEEDING KIDS BY NOT ONLY PROVIDING IMMEDIATE FOOD SECURITY, BUT ALSO TEACHING AND TRAINING BEST NUTRITION AND HYGIENE PRACTICES, ASSISTING IN SMALL-SCALE AGRICULTURAL ENDEAVORS AND DISTRIBUTING WATER FILTERS TO EACH COMMUNITY WE WORK IN. IN DOING THIS, CONVOY OF HOPE DISTRIBUTED MORE THAN 2,000 WATER FILTERS, 100 SEED PACKS AND MORE THAN 350 SCHOOL KITS

4d

Other program services (Describe in Schedule O) See also Additional Data for Description






















(Expenses \$ 2,233,846 including grants of \$ 95,709) (Revenue \$)

4e

Total program service expenses \$ 46,894,924

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> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
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>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
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> 	6	No
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> 	7	No
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> 	8	No
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> 	9	Yes
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> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	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> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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> 	11c	No
d	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> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	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> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
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, Parts I and IV.</i> 	14b	Yes
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	Yes
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
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 (see instructions).</i> 	17	Yes
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> 	18	No
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> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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>	21	Yes	
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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>	26		No
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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	70	
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	Yes	
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	80	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
<div>Note.</div> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country: ES, ET See instructions for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
<div>7</div> 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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
<div>8</div> 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?				
<div>9</div> 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		
<div>10</div> 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		
<div>11</div> 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		
<div>12a</div> Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
<div>13</div> Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
<div>14a</div> Did the organization receive any payments for indoor tanning services during the tax year?				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b8		
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?	2	Yes	
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
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?	16a		No
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?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶AK , AR , AZ , KY , MI , MN , MS , NC , ND , NH , PA , TN , VA , WA , WI , WV
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARK METZGER 330 S PATTERSON SPRINGFIELD, MO 65802 (417) 823-8998

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MIKE MESSNER VICE CHAIR	10 00	X						20,000	0	0
(2) BOB CLAY SECRETARY	1 00	X						0	0	0
(3) MIKE MCCLAFLIN CHAIR	1 00	X						0	0	0
(4) BARRY COREY PHD BOARD MEMBER	1 00	X						0	0	0
(5) DAVID CRIBBS BOARD MEMBER	1 00	X						0	0	0
(6) GERRY HINDY BOARD MEMBER	1 00	X						0	0	0
(7) BRAD TRASK TREASURER	1 00	X						0	0	0
(8) RANDY HURST BOARD MEMBER	1 00	X						0	0	0
(9) SCOTT WYNANT BOARD MEMBER	1 00	X						0	0	0
(10) COURT DURKALSKI BOARD MEMBER	1 00	X						0	0	0
(11) DOMINICK GARCIA BOARD MEMBER	1 00	X						0	0	0
(12) MICHAEL KERN BOARD MEMBER	1 00	X						0	0	0
(13) HUGH OSSIE MILLS BOARD MEMBER	1 00	X						0	0	0
(14) BRAD ROSENBERG BOARD MEMBER	1 00	X						0	0	0
(15) HAL DONALDSON PRESIDENT/EX OFFICIO	40 00			X				149,330	0	67,359
(16) MARK METZGER CHIEF FINANCIAL OFFICER	40 00			X				87,991	0	15,087

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JIM BATTEN EXEC VICE PRESIDENT	40 00			X				164,300	0	14,809
(18) DAVID DONALDSON CO-FOUNDER	40 00					X		27,380	0	87,309
(19) KARY KINGSLAND SVP GLOBAL DISTRIBUTION RESPONSE	40 00					X		65,009	0	42,649
(20) RANDY RICH VP ADMINISTRATION	40 00					X		54,364	0	49,209
(21) MICHAEL REDMON VP GLOBAL OUTREACH	40 00					X		47,450	0	54,709
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								421,621	0	97,255

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization7

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

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
RESOLUTION INC (AKA MISSIONARY EXPEDIT 5620 TCHOUPITOULAS ST NEW ORLEANS, LA 70115	OCEAN FREIGHT CONTRACTED SHIPPING SERVIC	812,017
V ALEXANDER & COMPANY INC PO BOX 30250 MEMPHIS, TN 381300205	OCEAN FREIGHT CONTRACTED SHIPPING SERVIC	306,835
NORTH COAST LITHO 1444 E 49TH ST CLEVELAND, OH 44103	DIRECT MAIL SOLICITATION PREPARATION	164,365
CH ROBINSON COMPANY INC 14701 CHARLSON ROAD SUITE 1400 EDEN PRAIRIE, MN 55347	CONTRACTED LINE HAUL SERVICES - DOMESTIC	138,518
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 4	

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	1a Federated campaigns 1a						
	b Membership dues 1b						
	c Fundraising events 1c						
	d Related organizations 1d						
	e Government grants (contributions) 1e			428,308			
	f All other contributions, gifts, grants, and similar amounts not included above 1f			58,926,638			
	g Noncash contributions included in lines 1a-1f \$			40,297,051			
	h Total. Add lines 1a-1f			59,354,946			
Program Service Revenue				Business Code			
	2a 3RD PARTY SUPPLY LINE			480000	143,143		143,143
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			143,143			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)				148,658		148,658
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
				(i) Real	(ii) Personal		
	6a Gross Rents			577,361			
	b Less rental expenses			289,689			
	c Rental income or (loss)			287,672			
	d Net rental income or (loss)				287,672	287,672	
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				64,140		
	b Less cost or other basis and sales expenses				211,484		
	c Gain or (loss)				-147,344		
	d Net gain or (loss)				-147,344	-147,344	
	8a 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						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities						
	10a 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				
11a MISC REVENUE-RELATED-			900099	21,355	21,355		
b MERCHANDISE INCOME			900099	1,035	1,035		
c							
d All other revenue							
e Total. Add lines 11a-11d				22,390			
12 Total revenue. See Instructions				59,809,465	-124,954	287,672	291,801

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	16,072,826	16,072,826		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	964,505	964,505		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	522,531		522,531	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	139,222	17,783	6,750	114,689
7	Other salaries and wages	2,787,063	1,125,966	718,388	942,709
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	69,772	27,922	24,000	17,850
9	Other employee benefits	611,044	262,964	165,457	182,623
10	Payroll taxes	115,459	39,546	37,271	38,642
a	Fees for services (non-employees) Management	17,575		17,575	
b	Legal	21,541	7,830	13,711	
c	Accounting	25,314	314	25,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	181,779			181,779
f	Investment management fees				
g	Other	314,935	168,739	25,847	120,349
12	Advertising and promotion	66,907	19,170	27,092	20,645
13	Office expenses	655,117	333,931	80,051	241,135
14	Information technology	30,207		30,207	
15	Royalties				
16	Occupancy	141,172	29,062	111,507	603
17	Travel	1,300,591	646,697	60,914	592,980
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,534	35,019	27,587	42,928
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	507,663	407,770	59,975	39,918
23	Insurance	146,391	50,116	94,233	2,042
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FEDERAL INCOME TAXES	88,120		88,120	
b	RELIEF AND SUPPLIES	24,900,307	24,895,758	4,549	
c	SHIPPING - OUTBOUND	1,558,530	1,558,530		
d	SPECIAL EVENTS	574,827			574,827
e	EQUIPMENT REPAIRS AND R	163,565	118,507	42,615	2,443
f	All other expenses	133,698	111,969	11,033	10,696
25	Total functional expenses. Add lines 1 through 24f	52,216,195	46,894,924	2,194,413	3,126,858
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,500	1	2,100
	2	Savings and temporary cash investments			3,084,846	2	9,317,691
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			207,877	4	257,242
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,503,286	8	6,560,311
	9	Prepaid expenses and deferred charges			38,221	9	115,898
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,280,379			
	b	Less: accumulated depreciation	10b	4,256,040	8,105,660	10c	8,024,339
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			98,162	15	318,121
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,040,552	16	24,595,702
Liabilities	17	Accounts payable and accrued expenses			324,544	17	579,877
	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			1,500	21	22,698
	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			3,903,654	23	3,589,003
	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			4,229,698	26	4,191,578
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			6,947,119	27	7,503,357
	28	Temporarily restricted net assets			5,863,735	28	12,900,767
	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			12,810,854	33	20,404,124
	34	Total liabilities and net assets/fund balances			17,040,552	34	24,595,702

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,809,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,216,195
3	Revenue less expenses Subtract line 2 from line 1	3	7,593,270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,810,854
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,404,124

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24,681,547	32,958,182	43,448,905	45,049,806	59,354,946	205,493,386
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	24,681,547	32,958,182	43,448,905	45,049,806	59,354,946	205,493,386
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						205,493,386

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	24,681,547	32,958,182	43,448,905	45,049,806	59,354,946	205,493,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	206,393	266,979	232,214	104,618	148,658	958,862
9 Net income from unrelated business activities, whether or not the business is regularly carried on	120,570	208,189	267,152	306,388	287,672	1,189,971
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,381	28,594	28,510	7,715	21,355	99,555
11 Total support (Add lines 7 through 10)						207,741,774
12 Gross receipts from related activities, etc. (See instructions.)					12	1,077,613
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 920 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 950 %
16a 33 1/3% support test—2010. 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. ▶		
b 33 1/3% support test—2009. If the organization did not check the 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. ▶		
17a 10%-facts-and-circumstances test—2010. 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. ▶		
b 10%-facts-and-circumstances test—2009. 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. ▶		
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. ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 68-0051386
Name: CONVOY OF HOPE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	2,233,846	including grants of \$ 95,709) (Revenue \$)
GLOBAL COMMUNITY OUTREACH THE ORGANIZATION PROVIDES GUESTS OF HONOR WITH UNCONDITIONAL LOVE AND ACCEPTANCE THROUGH THE MOBILIZATION, TRAINING, AND RESOURCING OF VOLUNTEERS FROM LOCAL CHURCHES, BUSINESSES, AND COMMUNITIES OUTREACHES FEATURE RESOURCES SUCH AS FREE MEDICAL AND DENTAL SCREENINGS, HAIRCUTS, FOOD, JOB PLACEMENT ASSISTANCE, AND CONNECTION TO LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS DURING 2010, CONVOY OF HOPE CONDUCTED 82 COMMUNITY OUTREACHES ACROSS 29 US CITIES AND MULTIPLE COUNTRIES IN DOING SO, CONVOY OF HOPE PROVIDED GROCERIES, HEALTH SCREENINGS AND MORE TO OVER 127,000 GUESTS AND MOBILIZED OVER 1,800 CHURCHES/ORGANIZATIONS AND NEARLY 28,000 VOULUNTEERS (UNAUDITED)			

SCHEDULE D
(Form 990)

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

2010

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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 ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 the 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
1c	1,500
1d	26,698
1e	5,500
1f	22,698

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	Investment earnings or 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

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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		7,043,820	1,939,533	5,104,287
c Leasehold improvements				
d Equipment		4,489,576	2,316,507	2,173,069
e Other		13,983		13,983
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				8,024,339

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	159,809,465
2	Total expenses (Form 990, Part IX, column (A), line 25)	252,216,195
3	Excess or (deficit) for the year Subtract line 2 from line 1	37,593,270
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	37,593,270

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	161,282,203
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b1,035,705	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d289,689	
e	Add lines 2a through 2d2e	1,325,394
3	Subtract line 2e from line 13	59,956,809
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 7b4a	
b	Other (Describe in Part XIV)4b-147,344	
c	Add lines 4a and 4b4c	-147,344
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	59,809,465

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	153,688,933
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a1,035,705	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d289,689	
e	Add lines 2a through 2d2e	1,325,394
3	Subtract line 2e from line 13	52,363,539
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 7b4a	
b	Other (Describe in Part XIV)4b-147,344	
c	Add lines 4a and 4b4c	-147,344
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	52,216,195

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, 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.

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	WHILE THE ORGANIZATION DID NOT SERVE AS A CUSTODIAN OR HOLD ESCROW ACCOUNT LIABILITY, UNDER FAS136 CONVOY OF HOPE COLLECTED \$26,698 OF FUNDS COLLECTED ON BEHALF OF OTHERS DURING 2010, \$5,500 OF WHICH WAS PAID OUT PRIOR TO YEAR END AND A \$22,698 LIABILITY REMAINED ON THE BALANCE SHEET AT 12/31/10
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ACCORDANCE WITH THE PROVISIONS ASSOCIATED WITH ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, AND BELIEVES IT HAS TAKEN NO UNCERTAIN TAX POSITION THAT WOULD REQUIRE AN ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF ASSETS
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF ASSETS

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

2010

Open to Public
Inspection

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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 V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	22	MAJOR DONOR FUNDRAISING TRIPS, PROGRAM SERVICES & GRANTS	DEVELOPMENT/FEEDING INITIATIVES, DISASTER RESPONSE, OUTREACH & PARTNER RESOURCING	24,054,868
EAST ASIA AND THE PACIFIC	0	1	MAJOR DONOR FUNDRAISING TRIPS, PROGRAM SERVICES & GRANTS	DISASTER RESPONSE AND SUPPLY LINES	860,119
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	MAJOR DONOR FUNDRAISING TRIPS, PROGRAM SERVICES & GRANTS	OUTREACH & PARTNER RESOURCING	445,392
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	PARTNER RESOURCING	183,485
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE & PARTNER RESOURCING	56,579
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	OUTREACH	40,470
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE	86,321
SOUTH ASIA	0	0	PROGRAM SERVICES & GRANTS	DISASTER RESPONSE, OUTREACH & PARTNER RESOURCING	217,457
SUB-SAHARAN AFRICA	0	11	MAJOR DONOR FUNDRAISING TRIPS & GRANTS	DEVELOPMENT/FEEDING INITIATIVES & PARTNER RESOURCING	1,040,194
3a Sub-total		28			25,944,691
b Total from continuation sheets to Part I		11			1,040,194
c Totals (add lines 3a and 3b)		39			26,984,885

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 ☐

Use Part V 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	253,500	WIRE TRANSFER			
			EUROPE (INCLUDING ICELAND & GREENLAND)	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	250,000	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	120,000	CASH DISBURSEMENT			
			SUB-SAHARAN AFRICA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	20,000	CASH DISBURSEMENT			
			CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	17,667	CASH DISBURSEMENT			
			CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	15,800	WIRE TRANSFER			
			SOUTH ASIA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER	10,000	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER			233,640	FOOD AND SUPPLIES	FAIR VALUE
			SUB-SAHARAN AFRICA	MINISTRY FULFILLMENT WITH MINISTRY PARTNER			28,112	FOOD AND SUPPLIES	FAIR VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY FULFILLMENT WITH MINISTRY PARTNER			15,786	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 ☐

10

3

Enter total number of other organizations or entities ☐

0

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V Supplemental Information

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

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

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.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations
- 2a

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NORTH COAST LITHO 1444 E 49TH ST CLEVELAND, OH 44103	DIRECT MAIL SOLICITATION PREP		No	392,469	114,967	277,502
BERKEY BRENDDEL SHELIN 130 SPRINGSIDE DRIVE STE 300 AKRON, OH 44333	FUNDRAISING CONSULTANT		No	230,498	66,812	163,686
Total ▶				622,967	181,779	441,188

- 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, 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash 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 lines 3 and 10 in column (d). ▶			

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.

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

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	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 SERVICE COSTS WHICH EXCLUDE SUCH THINGS AS POSTAGE, FREIGHT, AND ENVELOPES CONSULTANTS DO NOT SOLICIT AND DO NOT AT ANY TIME HAVE CUSTODY OR CONTROL OF DONATIONS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CONVOY OF HOPE

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

27

3

Enter total number of other organizations

25

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 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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 AFFILIATES1445 NORTH BOONVILLE AVENUE SPRINGFIELD,MO 65802	44-0577787	501(C)3	370,293				AG MISSIONARY FUNDING AND SUPPORT
NATIONAL HISPANIC CHRISTIAN LEADERSHIP CONFERENCEPO BOX 293389 SACRAMENTO,CA 95829	72-0928408	501(C)3	44,792				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SHREVEPORT COMMUNITY CHURCHPO BOX 97100 SHREVEPORT,LA 71149	37-1522688	501(C)3	20,000				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
VINEYARD CHURCH12300 NW ARROWHEAD TRAFFICWAY KANSAS CITY,MO 64165	43-1592707	501(C)3	19,557				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHILDREN'S HUNGER FUND 12820 PIERCE STREET PACOIMA,CA 91331	95-4335462	501(C)3		46,826	FMV	FOOD AND SUPPLIES	MMMMINISTRY PARTNERMMMINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRISTIAN ACTION MINISTRIES202 B BAUGHN STREET BRANSON,MO 65616	43-1355905	501(C)3		32,393	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
VICTORY FELLOWSHIP5708 AIRLINE DRIVE METAIRIE,LA 70003	44-0577787	501(C)3	13,000				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
COMPASSION COALITION 509 LAFAYETTE STREET UTICA,NY 13502	16-1579336	CORP		1,889,918	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINMINISTRY FULFILLMENT WITH MINISTRY PARTNER
FARM SHARE INC14125 SW 320TH STREET HOMESTEAD,FL 33033	65-0342192	501(C)3		1,008,780	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FIRST ASSEMBLY OF GOD 150 HIGHWAY 3185 THIBODAUS,LA 70301	72-0928408	501(C)3	13,000				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE COMMUNITY CHURCH2121 S BLACKMAN RD SPRINGFIELD,MO 65809	43-1660040	501(C)3	12,154				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HEART OF COMPASSION 600 S MAPLE AVE MONTEBELLO,CA 90640	42-1573926	CORP		1,153,431	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SAMARITAN'S FEET OF HOPEPO BOX 78992 CHARLOTTE,NC 28277	14-1880905	501(C)3	5,000				MINISTRY FULFILLMENT WITH MINISTRY PARTNER
BETHESDA MISSION2101 N FRONT STREET BLDG 1 STE 301 HARRISBURG,PA 17110	23-1389397	CORP		225,940	FMV	FOOD AND SUPPLIES	MMINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE DISTRIBUTORS305 S LINCOLN STREET LOWELL,AR 72745	27-0381844	501(C)3		309,935	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CALVARY TEMPLENINEVAH OUTREACH1601 COFFEE ROAD MODESTO,CA 95355	94-1294940	CORP		180,768	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
KIDS ACROSS AMERICA FOUNDATION1429 LAKESHORE DRIVE BRANSON,MO 65616	43-1348373	CORP		65,999	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CAMPUS CRUSADE FOR CHRIST INCHERE'S LIFE INNER CITY100 LAKE HART DR ORLANDO,FL 32832	95-6006173	501(C)3		262,259	FMV	FOOD AND SUPPLIES	MMINISTRY FULFILLMENT WITH MINISTRY PARTNER
MIDWEST FOOD BANK1703 S VETERANS PARKWAY BLOOMINGTON,IL 61701	41-2120170	501(C)3		1,482,351	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRIST IS THE ANSWER INCOUTREACH UNLIMITED 100 1-45 N STE 210 CONROE,TX 77301	37-0984385	CORP		964,668	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTHERN AZ FOOD BANKFEED MY PEOPLE CHILDREN'S CHARITIES 15455 N GREENWAY HADEN LOOP STE C-8 C-8 SCOTTSDALE,AZ 85260	73-1330955	CORP		182,784	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		883,384	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CHRYSLIS SHELTER FOR VICTIMS OF DOM VIOLENCE1010 E MCDOWELL ROAD STE 301 PHOENIX,AZ 85006	86-0447620	CORP		14,825	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CROSSLINES CHURCHES OF THE JOPLIN AREA INC131 S HIGH JOPLIN,MO 64804	43-1272794	CORP		8,849	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
EVANGEL TEMPLE CHRISTIAN CENTERINNER CITY OUTREACH2020 E BATTLEFIELD SPRINGFIELD,MO 65804	43-0972180	CORP		69,757	FMV	FOOD AND SUPPLIES	MINISTRYMY FULFILLMENT WITH MINISTRY PARTNER
SPRINGFIELD VICTORY MISSION1715 N BOONVILLE AVE SPRINGFIELD,MO 65803	43-1345089	501(C)3		774,837	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
FEED THE CHILDREN333 N MERIDIAN AVE OKLAHOMA CITY,OK 73107	73-6108657	CORP		58,481	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HABITAT FOR HUMANITY 2410 S SCENIC AVENUE SPRINGFIELD,MO 65807	43-1470360	CORP		7,000	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
HELP THE CHILDRENPO BOX 911607 LOS ANGELES,CA 90091	95-4669871	CORP		106,920	FMV	FOOD AND SUPPLIES	MMINISTRY FULFILLMENT WITH MINISTRY PARTNER
HOPE & ENCOURAGEMENT FOR HUMANITY631 1/2 DEPOT ST BLISSFIELD,MI 49228	20-2676354	501(C)3		1,812,085	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
KU CHI ALPHABREAKING CAMP CORPPO BOX 4044 LAWRENCE,KS 66046	26-3867024	CORP		4,525	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
LESEA GLOBAL FEED THE HUNGRY530 E IRELAND RD SOUTH BEND,IN 46614	32-0053249	CORP		326,216	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTH POINT CHURCH 3401 W NORTON ROAD SPRINGFIELD,MO 65803	05-0574634	CORP		6,714	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
MARTIN LUTHER KING JR POOR PEOPLES CHURCHHOSEA FEED THE HUNGRYPO BOX 4672 ATLANTA,GA 30302	58-1340903	501(C)3		31,059	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NEW LIFE INTERNATIONALWORLD IN NEED103 CONTINENTAL PLACE STE 200 BRENTWOOD,TN 37027	58-1379188	501(C)3		52,407	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NEWPORT ASSEMBLY OF GOD CHURCH INC253 N 6TH STREET NEWPORT,PA 17074	23-1988339	501(C)3		778,561	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
RICK CAYWOOD MINISTRIES5040 BOSQUE RIDGE CRAWFORD,TX 76638	74-2914188	CORP		25,443	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
CORNERSTONE ASSEMBLY OF GOD16010 ANNAPOILIS ROAD BOWIE,MD 20715	52-1129473	CORP		22,072	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
RIVER OF LIFE FAMILY WORSHIP CENTER INC300 WEST COMMERCE STREET FAIRFIELD,TX 75840	04-3683554	CORP		407,486	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
ROD BAKER MINISTRIESPO BOX 701286 TULSA,OK 74170	73-1610281	501(C)3		338,974	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
RURAL COMPASSION1753 W HIGHWAY J 140 OZARK,MO 65721	20-0870007	501(C)3		28,781	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
GLEANINGS FOR THE HUNGRY43029 ROAD 104 DINUBA,CA 93618	77-0170546	501(C)3		83,358	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
SEEK YE THE WAY OF THE CROSS MINISTRIES224 N F STREET HARLINGEN,TX 78550	74-2585510	501(C)3		157,122	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
THE CHURCH ARMY INC501 5TH STREET BRANSON,MO 65616	25-1624453	CORP		34,254	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
THE DREAM CENTER2301 BELLEVUE AVE LOS ANGELES,CA 90026	95-1803686	CORP		297,976			MINISTRY FULFILLMENT WITH MINISTRY PARTNER
THE FOODBANK OF COVINGTON LOUISIANNA INC840 N COLUMBIA STREET COVINGTON,LA 70433	72-1028539	501(C)3		8,940	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
LIFE FELLOWSHIP AG600 S JUPITER ALLEN,TX 75002	20-2721374	CORP		41,511	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NEIGHBORCARE INC1344 WEST BLANCO SAN ANTONIO,TX 78232		NOT AVAILABLE		103,671	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
NORTHWEST HARVEST711 CHERRY ST SEATTLE,WA 98104	91-0826037	CORP		15,269	FMV	FOOD AND SUPPLIES	MINIMINISTRY FULFILLMENT WITH MINISTRY PARTNER
SOUTHERN CRESCENT RESOURCE MINISTRY112 PARK WEST DRIVE MCDONOUGH,GA 30253	58-2097740	501(C)3		1,216,721	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
TRI-COUNTY ASSEMBLY 7350 DIXIE HIGHWAY FAIRFIELD,OH 45014	31-0870693	CORP		36,184	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER
VICTORY JUNCTION GANG CAMP4500 ADAMS WAY RANDLEMAN,NC 27317	56-2215292	501(C)3		15,596	FMV	FOOD AND SUPPLIES	MINISTRY FULFILLMENT WITH MINISTRY PARTNER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	2	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAL DONALDSON	(i) (ii)	125,130 0	24,200 0	0 0	0 0	69,010 0	218,340 0	 0
(2) JIM BATTEN	(i) (ii)	146,100 0	18,200 0	0 0	0 0	16,508 0	180,808 0	 0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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 Benefitting 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 of grant or 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
See Additional Data Table					

Part V

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 68-0051386
Name: CONVOY OF HOPE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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 DONALDSON, A PAID EMPLOYEE	114,689	BROTHER'S SALARY		No
BOB CLAY BOD SECRETARY	FATHER OF ROB CLAY, A PAID EMPLOYEE	17,783	SON'S SALARY		No
MIKE MCCLAFLIN BOARD MEMBER	AGWM EXECUTIVE THAT SERVES ON AG RELIEF COMMITTEE	743,124	NET MOU CONTRIBUTION SHARING		No
RANDY HURST BOARD MEMBER	AGWM EXECUTIVE THAT SERVES ON AG RELIEF COMMITTEE	743,124	NET MOU CONTRIBUTION SHARING		No
GERRY HINDY BOARD MEMBER	PRESIDENT/CEO OF AG FINANCIAL SOLUTIONS (INVESTMENT FIRM)	6,500,000	YE INVESTMENT HOLDINGS WITH AGFS		No
DAVID CRIBBS BOARD MEMBER	BOD MEMBER OF AG FINANCIAL SOLUTIONS (INVESTMENT FIRM)	6,500,000	YE INVESTMENT HOLDINGS WITH AGFS		No
MIKE MESSNER BOD VICE CHAIR	PRESIDENT OF MICHAEL MESSNER CONSULTING	20,000	CONSULTING COMPENSATION		No
RANDY HURST BOARD MEMBER	BOD MEMBER OF ACCESS PUBLISHING	14,510	BOOK PURCHASE		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
CONVOY OF HOPE

Employer identification number
68-0051386

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,186,621	FAIR MARKET VALUE
5 Clothing and household goods	X		6,790,846	FAIR MARKET VALUE
6 Cars and other vehicles .	X	4	65,500	FAIR MARKET VALUE
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	821	27,542,253	FAIR MARKET VALUE
20 Drugs and medical supplies	X	58	3,973,860	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
OTHER RELIEF				
25 Other ► (<u>SUPPLIES</u>)	X	29	997,621	FAIR MARKET VALUE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 21

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?

30a Yes No

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?

31 Yes

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

32a Yes

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

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

Cat No 51227J

Schedule M (Form 990) 2010

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.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CONVOY OF HOPE	Employer identification number 68-0051386
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Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE ORGANIZATION REVISED ITS MISSION STATEMENT DURING 2010 TO MORE CLOSELY ALIGN WITH ITS GLOBAL REACH AND FOCUS. IN CONJUNCTION WITH THE MISSION REVISION, THE ORGANIZATION RESTRUCTURED ITS MAIN PROGRAMMATIC AREAS, KEY PERSONNEL, AND REPORTING SYSTEMS.

Identifier	Return Reference	Explanation
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 MR MCCLAFLIN AND MR HURST HAVE A REPORTABLE BUSINESS RELATIONSHIP AS BOTH ARE BOARD MEMBERS OF CONVOY OF HOPE AND BOTH EXECUTIVES ALSO SERVE ON THE ASSEMBLIES OF GOD WORLD MISSIONS RELIEF COMMITTEE WHICH HAD AN ACTIVE MOU AND CONTRIBUTION SHARING ARRANGEMENT IN FORCE DURING 2010

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION REVISED ITS MISSION STATEMENT DURING 2010 TO MORE CLOSELY ALIGN WITH ITS GLOBAL REACH AND FOCUS. IN CONJUNCTION WITH THE MISSION REVISION, THE ORGANIZATION RESTRUCTURED ITS MAIN PROGRAMMATIC AREAS, KEY PERSONNEL, AND REPORTING SYSTEMS.

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A BOARD LEVEL COMPENSATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE EXECUTIVE COMPENSATION PROGRAM AND MONITOR THE PROGRAM IN PLACE. AN INDEPENDENT, OUTSIDE COMPENSATION CONSULTANT AGENCY IS USED PERIODICALLY TO REVIEW THE TOP EXECUTIVE POSITIONS AT CONVOY OF HOPE AGAINST NATION-WIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE AGENCY'S RECOMMENDATIONS ARE THEN SUBMITTED TO THE FULL BOARD FOR REVIEW, DISCUSSION AND IMPLEMENTATION.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C, AUDIT COMMITTEE PROCESS	THE PRIMARY FUNCTIONS OF THE AUDIT COMMITTEE ARE TO ASSIST THE BOARD OF 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 DURING 2010, THE AUDIT COMMITTEE DID NOT MEET DUE TO IMPENDING DIRECTOR CHANGES, HOWEVER, THE AUDIT COMMITTEE WILL BE REINSTITUTED DURING 2011

Identifier	Return Reference	Explanation
	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