



Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

CONVOY OF HOPE IS A FAITH BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 53,050,245 including grants of \$ 1,532,132 ) (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 2012, CONVOY OF HOPE'S CHILDREN'S FEEDING INITIATIVES PROVIDED FOOD FOR MORE THAN 125,000 KIDS IN 7 COUNTRIES (UNAUDITED) SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4b

(Code ) (Expenses \$ 14,037,620 including grants of \$ 12,310,441 ) (Revenue \$ )

PARTNER RESOURCING - CONVOY OF HOPE'S PARTNERS ARE CRUCIAL COMPONENTS IN EFFORTS TO RESPOND TO DISASTERS, HOLD COMMUNITY OUTREACH EVENTS AND IMPLEMENT LIFE-CHANGING FEEDING INITIATIVES THROUGHOUT THE WORLD THROUGH PARTNER RESOURCING, HUNDREDS OF ORGANIZATIONS ARE NOW EMPOWERED TO MAKE A POSITIVE DIFFERENCE IN THEIR COMMUNITIES DURING 2012, MORE THAN 6 4 MILLION PEOPLE WERE TOUCHED THROUGH THE DISTRIBUTION OF OVER \$66 MILLION OF FOOD, WATER, AND OTHER RELIEF SUPPLIES IN ADDITION, CONVOY OF HOPE PROVIDED PARTNER RESOURCING LOADS TO OVER 89 CHURCHES AND ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED)

4c

(Code ) (Expenses \$ 6,938,508 including grants of \$ 341,278 ) (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, AND EMERGENCY SUPPLIES TO SURVIVORS OF DISASTERS DURING 2012, CONVOY OF HOPE RESPONDED GLOBALLY TO 21 DISASTERS THE RESPONSES INCLUDED THE DISTRIBUTION OF OVER 100 LOADS OF DISASTER RELIEF SUPPLIES TO VICTIMS IN VARIOUS COMMUNITIES ACROSS 13 STATES AND 5 COUNTRIES, WHILE PARTNERING WITH OVER 100 ORGANIZATIONS (UNAUDITED)

4d

Other program services (Describe in Schedule O )

(Expenses \$ 3,255,804 including grants of \$ 472,730 ) (Revenue \$ )






















4e

Total program service expenses

77,282,177

Form 990 (2012)

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II 	4 Yes	
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? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI. 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	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 United States? If "Yes," complete Schedule F, Parts II and IV 	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 United States? If "Yes," complete Schedule F, Parts III and IV 	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? If "Yes," complete Schedule G, Part I (see instructions) 	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? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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 through 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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		No
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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	123	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	101	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?	Yes	
b	If "Yes," enter the name of the foreign country: ES, ET, NU 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
d	If "Yes," indicate the number of Forms 8822 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	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 . . . . .	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	12	
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	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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 . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AZ, AR, CO, KY, MI, MN, MS, NH, NC, ND, PA, TN, VA, WA, WV, WI
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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MARK METZGER 330 S PATTERSON AVE SPRINGFIELD, MO (417) 851-4445

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. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE MCCLAFLIN CHAIRMAN	1 0	X		X				0	0	0
(2) BRAD ROSENBERG VICE CHAIRMAN	1 0	X		X				0	0	0
(3) COURT DURKALSKI SECRETARY	1 0	X		X				1,000	0	0
(4) BRAD TRASK TREASURER	1 0	X		X				0	0	0
(5) RANDY HURST DIRECTOR	1 0	X						0	0	0
(6) ANNE BEILER DIRECTOR	1 0	X						0	0	0
(7) BARRY COREY PHD DIRECTOR	1 0	X						0	0	0
(8) DAVID CRIBBS DIRECTOR	1 0	X						0	0	0
(9) KATHY FAIRINGTON DIRECTOR	1 0	X						0	0	0
(10) DOMINICK GARCIA DIRECTOR	1 0	X						0	0	0
(11) MICHAEL KERN DIRECTOR	1 0	X						0	0	0
(12) CHRIS SONKSEN DIRECTOR	1 0	X						20,000	0	0
(13) DISHAN WICKRAMARATNE DIRECTOR	1 0	X						0	0	0
(14) HUGH OSSIE MILLS DIRECTOR BEGINNING 11/2012	1 0	X						0	0	0
(15) HAL DONALDSON PRESIDENT	40 0			X				140,335	0	82,894
(16) MARK METZGER CHIEF FINANCIAL OFFICER	40 0			X				93,152	0	16,231
(17) JIM BATTEN EXECUTIVE VICE PRESIDENT	40 0			X				176,152	0	27,403

## Part VII

[illegible]

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	566,641	0	147,672

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 3

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	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> . . . . .	4	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> . . . . .	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RESOLUTION INC ,	CONTRACTED SHIPPING	1,191,402
ALPHA TITLE LLC ,	TITLE FEES	241,521
NORTH COAST LITHO ,	DIRECT MAIL SOLICITR	131,653
FREIGHTVALUE INC ,	CONTRACTED SHIPPING	101,148

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4



Part VIII

Statement of Revenue

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

			(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	22,710			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	2,613,719			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,099,885			
	g	Noncash contributions included in lines 1a-1f \$		69,692,965			
	h	Total. Add lines 1a-1f . . . . .		85,736,314			
Program Service Revenue	2a	3RD PARTY SHIPPING	Business Code 480000	236,917		236,917	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		236,917			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		124,511		124,511
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		Gross rents	(i) Real	(ii) Personal			
			528,893				
			267,615				
			261,278	0			
d		Net rental income or (loss) . . . . .		261,278		261,278	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			10,557	18,675			
			10,557	18,975			
				-300			
d		Net gain or (loss) . . . . .		-300		-300	
8a		Gross income from fundraising events (not including \$ 22,710 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
a		8,945					
b		Less direct expenses . . . . .	b	16,263			
c		Net income or (loss) from fundraising events . . .		-7,318		-7,318	
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 . . .		0				
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 . . .		0				
	Miscellaneous Revenue	Business Code					
11a	OTHER REVENUE	900099	29,445		29,445		
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		29,445				
12	Total revenue. See Instructions . . . . .		86,380,847		261,278	383,255	

Part IX

Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	11,196,904	11,196,904		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	11,477	11,477		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,448,200	3,448,200		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	557,167		557,167	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	211,392		41,817	169,575
7	Other salaries and wages.	4,399,131	1,557,689	869,074	1,972,368
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	180,448	64,021	39,515	76,912
9	Other employee benefits.	930,024	409,006	137,922	383,096
10	Payroll taxes.	211,764	62,098	68,244	81,422
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	33,470	3,576	13,880	16,014
c	Accounting.	30,172	3,757	26,415	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	191,278			191,278
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	976,865	563,159	163,129	250,577
12	Advertising and promotion.	55,556	6,072	14,698	34,786
13	Office expenses.	3,787,874	3,308,354	170,586	308,934
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	111,377	62,343	46,847	2,187
17	Travel.	1,399,379	728,678	134,182	536,519
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	137,558	41,876	34,060	61,622
20	Interest.	55,305		55,305	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	715,270	499,829	147,479	67,962
23	Insurance.	228,060	77,091	144,347	6,622
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	RELIEF AND SUPPLIES	54,974,492	54,974,492		
b	EVENT EXPENSES	1,427,111			1,427,111
c	LICENSES & TAXES	305,863	38,242	129,431	138,190
d	REPAIRS & MAINTENANCE	284,903	169,581	100,685	14,637
e	All other expenses	134,014	55,732	31,565	46,717
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	85,995,054	77,282,177	2,926,348	5,786,529
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,600	1	56,678
	2	Savings and temporary cash investments		13,270,889	2	10,640,315
	3	Pledges and grants receivable, net		19,575	3	0
	4	Accounts receivable, net		147,346	4	137,639
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		7,450,715	8	10,600,686
	9	Prepaid expenses and deferred charges		52,391	9	199,959
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a15,375,238			
	b	Less accumulated depreciation	10b5,713,772	7,674,557	10c	9,661,466
	11	Investments—publicly traded securities		0	11	71,842
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		332,034	15	397,744
	16	Total assets. Add lines 1 through 15 (must equal line 34)		28,951,107	16	31,766,329
Liabilities	17	Accounts payable and accrued expenses		524,506	17	717,312
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	15,400
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		17,245	21	37,402
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,484,587	23	5,682,459
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		4,026,338	26	6,452,573
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		10,331,145	27	10,415,262
	28	Temporarily restricted net assets		14,593,624	28	14,898,494
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), 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		24,924,769	33	25,313,756
	34	Total liabilities and net assets/fund balances		28,951,107	34	31,766,329

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	86,380,847
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	85,995,054
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	385,793
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	24,924,769
5	Net unrealized gains (losses) on investments . . . . .	5	3,194
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,313,756

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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

2012

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated
- e

☐

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

☐

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

☐

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

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

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

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

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	43,448,905	45,049,806	59,354,946	74,694,625	85,736,314	308,284,596
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	43,448,905	45,049,806	59,354,946	74,694,625	85,736,314	308,284,596
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)						46,061,568
6 Public support. Subtract line 5 from line 4						262,223,028

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	43,448,905	45,049,806	59,354,946	74,694,625	85,736,314	308,284,596
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,214	104,618	148,658	165,874	124,511	775,875
9 Net income from unrelated business activities, whether or not the business is regularly carried on	267,152	306,388	287,672	284,318	261,278	1,406,808
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support (Add lines 7 through 10)						310,467,279
12 Gross receipts from related activities, etc. (see instructions)					12	245,242
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 2012 (line 6, column (f) divided by line 11, column (f))	14	84.461 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	81.630 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** 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

Explanation



SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10
j	Total. Add lines 1c through 1i.			10
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I	DURING 2012, CONVOY OF HOPE PAID DUES TO THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION (INTERACTION) AND THE EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY. A PORTION OF THESE DUES MAY BE USED FOR LOBBYING PURPOSES. ALSO, DURING 2012, CONVOY OF HOPE PAID \$165 OF MEMBERSHIP DUES TO THE SPRINGFIELD AREA CHAMBER OF COMMERCE. SIX PERCENT OF THESE DUES ARE USED FOR LOBBYING PURPOSES.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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	6	1
2 Aggregate contributions to (during year)	376,000	400,000
3 Aggregate grants from (during year)	5,000	
4 Aggregate value at end of year	373,656	400,538
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	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 tax year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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 (ASC 958) relating to these items  

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

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

☒

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations . . . . .

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 XIII the intended uses of the organization's endowment funds

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		733,000		733,000
b Buildings . . . . .		9,615,837	2,433,680	7,182,157
c Leasehold improvements . . . . .				
d Equipment . . . . .		5,012,418	3,280,092	1,732,326
e Other . . . . .		13,983		13,983
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,661,466

Schedule D (Form 990) 2012



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .	1		88,000,354
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e		
a	Net unrealized gains on investments . . . . .		2a	3,194
b	Donated services and use of facilities . . . . .		2b	1,332,435
c	Recoveries of prior year grants . . . . .		2c	
d	Other (Describe in Part XIII ) . . . . .		2d	
e	Add lines 2a through 2d . . . . .	2e		1,335,629
3	Subtract line 2e from line 1 . . . . .	3		86,664,725
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		4a	
b	Other (Describe in Part XIII ) . . . . .		4b	-283,878
c	Add lines 4a and 4b . . . . .			-283,878
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5		86,380,847

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .	1		87,611,367
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e		
a	Donated services and use of facilities . . . . .		2a	1,332,435
b	Prior year adjustments . . . . .		2b	
c	Other losses . . . . .		2c	
d	Other (Describe in Part XIII ) . . . . .		2d	283,878
e	Add lines 2a through 2d . . . . .	2e		1,616,313
3	Subtract line 2e from line 1 . . . . .	3		85,995,054
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		4a	
b	Other (Describe in Part XIII ) . . . . .		4b	
c	Add lines 4a and 4b . . . . .			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5		85,995,054

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLAIN ARRANGEMENT WHERE ORGANIZATION IS INTERMEDIARY FOR CONTRIBUTIONS	SCHEDULE D, PART IV, LINE 2B	WHILE THE ORGANIZATION DID NOT SERVE AS A CUSTODIAN OR HOLD ESCROW ACCOUNT LIABILITY UNDER FAS136, CONVOY OF HOPE COLLECTED \$183,352 OF FUNDS ON BEHALF OF OTHERS. DURING 2012, \$163,196 WAS PAID OUT PRIOR TO YEAR-END AND A \$37,402 LIABILITY REMAINED ON THE BALANCE SHEET AT 12/31/12.
UNCERTAIN TAX POSITION	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1	SCHEDULE D, PART XI, LINE 4B	\$ (16,263) SPECIAL EVENTS EXPENSE (267,615) RENTAL EXPENSES ----- \$(283,615)
AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XII, LINE 2D	\$ 16,263 SPECIAL EVENTS EXPENSE 267,615 RENTAL EXPENSES ----- \$283,615

OMB No 1545-0047

**Open to Public Inspection**

68-0051386

**3** Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

**Schedule F (Form 990) 2012**



## Part II

**1**

17

## 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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

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

**Schedule F (Form 990) 2012**

Additional Data

Software ID:

Software Version:

EIN: 68-0051386

Name: CONVOY OF HOPE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	5	20	Program Services	SEE SCH F NARRATIVE	41,863,315
Central America and the Caribbean			Fundraising		791,443
Central America and the Caribbean			Grantmaking		1,412,382
East Asia and the Pacific	1	6	Program Services	SEE SCH F NARRATIVE	7,963,075
East Asia and the Pacific			Fundraising		9,266
East Asia and the Pacific			Grantmaking		310,144
Europe (Including Iceland and Greenland)		2	Program Services	SEE SCH F NARRATIVE	31,114
Europe (Including Iceland and Greenland)			Grantmaking		270,000
Middle East and North Africa			Fundraising		1,913
Middle East and North Africa			Program Services	PARTNER RESOURCING	12,662
North America			Program Services	SEE SCH F NARRATIVE	1,500
Russia and the Newly Independent States			Program Services	OUTREACH	1,200
Russia and the Newly Independent States			Grantmaking		12,000
South America			Program Services	DISASTER RESPONSE	95,964
South Asia			Program Services	SEE SCH F NARRATIVE	2,520
South Asia			Grantmaking		30,144
Sub-Saharan Africa	2	11	Program Services	SEE SCH F NARRATIVE	2,420,886
Sub-Saharan Africa			Fundraising		47,025
Sub-Saharan Africa			Grantmaking		6,600

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MINISTRY PTN			59,400	FOOD, SUPPLY	FMV
		Sub-Saharan Africa	MINISTRY PTN			39,436	FOOD, SUPPLY	FMV
		East Asia and the Pacific	MINISTRY PTN			65,116	FOOD, SUPPLY	FMV
		Central America and the Caribbean	MINISTRY PTN			388,875	FOOD, SUPPLY	FMV
		Sub-Saharan Africa	MINISTRY PTN			118,800	FOOD, SUPPLY	FMV
		North America	MINISTRY PTN			473,966	FOOD, SUPPLY	FMV
		Middle East and North Africa	MINISTRY PTN			327,755	FOOD, SUPPLY	FMV
		Central America and the Caribbean	MINISTRY PTN			15,170	FOOD, SUPPLY	FMV
		Sub-Saharan Africa	MINISTRY PTN			56,956	FOOD, SUPPLY	FMV
		Europe (Including Iceland and Greenland)	MINISTRY PTN	270,000	WIRE TRANSFE			
		East Asia and the Pacific	MINISTRY PTN	51,000	CASH PAYMENT			
		East Asia and the Pacific	MINISTRY PTN	45,000	WIRE TRANSFE			
		East Asia and the Pacific	MINISTRY PTN	93,100	CASH PAYMENT			
		Central America and the Caribbean	MINISTRY PTN	1,369,329	WIRE TRANSFE			
		Central America and the Caribbean	MINISTRY PTN	24,135	CASH PAYMENT			
		Sub-Saharan Africa	MINISTRY PTN	5,600	WIRE TRANSFE			
		Europe (Including Iceland and Greenland)	MINISTRY PTN	30,144	WIRE TRANSFE			

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

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

OMB No 1545-0047

# 2012

## 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.

- |          |                                     |                                  |          |                                     |                                       |
|----------|-------------------------------------|----------------------------------|----------|-------------------------------------|---------------------------------------|
| <b>a</b> | <input checked="" type="checkbox"/> | Mail solicitations               | <b>e</b> | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| <b>b</b> | <input checked="" type="checkbox"/> | Internet and email solicitations | <b>f</b> | <input checked="" type="checkbox"/> | Solicitation of government grants     |
| <b>c</b> | <input checked="" type="checkbox"/> | Phone solicitations              | <b>g</b> | <input checked="" type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input checked="" type="checkbox"/> | 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

(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	MAIL SOLICIT		No	230,935	100,581	130,354
BERKEY BRENDL SHELINE 130 SPRINGSIDE DRIVE STE 200  AKRON, OH 44333	FUNDRAISING CONSULTANT		No	208,241	90,697	117,544
<b>Total . . . . .</b>				439,176	191,278	247,898

**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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		5K EVENT (event type)	(event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	31,655	0	31,655
	2	Less Contributions . . .	22,710		22,710
	3	Gross income (line 1 minus line 2) . . . .	8,945	0	8,945
Direct Expenses	4	Cash prizes . . . .	0		0
	5	Noncash prizes . . .	363		363
	6	Rent/facility costs . . .	1,863		1,863
	7	Food and beverages .	35		35
	8	Entertainment . . . .	1,100		1,100
	9	Other direct expenses .	12,902		12,902
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			
					(16,263)
					-7,318

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><div>Yes</div><div>No</div></div>	<div><div>Yes</div><div>No</div></div>	<div><div>Yes</div><div>No</div></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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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

(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 listed in the line 1 table . . . . .

83

3

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

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.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MINISTRY FULFILLMENT	3000		11,477 FMV		FOOD & SUPPLIES

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	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

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
BOARD OF EDUCATION OF JEFFERSON COUNTY KENTUCKY120 W BROADWAY LOUISVILLE,KY 40202	61-6001316	GOVERNMENT		12,500	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
BREAD OF LIFE253 N 6TH STREET NEWPORT,PA 17074	23-1988339	501(C)(3)		714,916	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CENTRO FAMILIAR NUEVA VIDA INC262 S ACADEMY BLVD CO SPRNGS,CO 80910	94-3462587	501(C)(3)		50,148	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CHILDREN'S HUNGER FUND 4940 EISENHAUER ROAD SAN ANTONIO,TX 78218	95-4335462	501(C)(3)		39,964	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CHRISTIAN ACTION MINISTRY202 B VAUGHN STREET BRANSON,MO 65616	43-1355905	501(C)(3)		21,782	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CHURCH'S ARMY602 S 6TH STREET BRANSON,MO 65616	25-1624453	501(C)(3)		12,948	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CITY OF HARTFORD960 MAIN STREET HARTFORD,CT 06103	06-6001870	GOVERNMENT		16,666	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
COLUMBUS SCHOOL DISTRICT737 E HUDSON STREET COLUMBUS,OH 43211	31-6400416	GOVERNMENT		12,500	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
COMPASSION ALLIANCE 2200 NE 36TH STREET OCALA,FL 34470	84-1651362	501(C)(3)		741,428	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
CROSSLINES1710 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-0903657	501(C)(3)		62,437	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DALE STREET BAPTIST CHURCH1311 E VALLEY WTR MILL RD SPFLD,MO 65803	43-1320681	501(C)(3)		17,678	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DELANCEY STREET MISSIONPIER 550 20TH ST SAN FRANCISCO,CA 94107	23-7102690	501(C)(3)		87,096	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DENVER WORKS INC2828 N SPEER BLVD STE 201 DENVER,CO 80211	84-1349649	501(C)(3)		5,100	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DEPARTMENT OF HOMELESS SERVICES39 AUBURN PLACE BROOKLYN,NY 11205	13-6400434	GOVERNMENT		16,666	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
DUVAL COUNTY SCHOOL BOARD3405 NE THAGARD JACKSONVILLE,FL 32254	59-6000589	GOVERNMENT		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
EPISCOPAL COMMUNITY SERVICES1730 CLIFTON PLACE MINNEAPOLIS,MN 55403	41-0873401	501(C)(3)		72,143	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FARM SHARE300 N KRAMER AVE FLORIDA CITY,FL 33034	65-0342192	501(C)(3)		418,279	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FATHER JOE'S VILLAGES 3315 E STREET SAN DIEGO,CA 92102	33-0492302	501(C)(3)		21,561	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FOOD BANK OF MANATEE 811 23RD AVE EAST BRADENTON,FL 34208	59-1420986	501(C)(3)		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
FULTON COUNTY BOARD OF EDUCATION4415 WICKERHAM DRIVE COLLEGE PARK,GA 30337	58-6000246	GOVERNMENT		20,833	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLEANINGS FOR THE HUNGRY43029 ROAD 4 DINUBA,CA 93618	77-0170546	501(C)(3)		18,207	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLOBAL HEART INTERNATIONAL406 E COMMERCE ST FAIRFIELD,TX 75840	04-3683554	501(C)(3)		375,742	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GLOBUS RELIEF1775 W 1500 SOUTH SALT LAKE CITY,UT 84104	84-1369453	501(C)(3)		7,127	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HEART OF COMPASSION 600 S MAPLE AVE EL MONTE,CA 90640	42-1573926	501(C)(3)		160,808	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HEH INC631 1/2 DEPOT STREET BLISSFIELD,MI 49228	20-2676354	501(C)(3)		1,098,092	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HELPING HURTING CHILDRENPO BOX 701286 TULSA,OK 74170	73-1610281	501(C)(3)		125,964	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HILLSBOROUGH SCHOOL DISTRICT2306 N HOWARD AVE TAMPA,FL 33607	59-2883361	GOVERNMENT		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HOPE DISTRIBUTORS305 S LINCOLN STREET LOWELL,AR 72745	27-0381844	501(C)(3)		39,153	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
HOUSTON SCHOOL DISTRICT5001 MLK BLVD HOUSTON,TX 77021	74-6001255	GOVERNMENT		12,500	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
INNER CITY OUTREACH 1316 W WEBSTER ST SPRINGFIELD,MO 65804	43-0972180	501(C)(3)		155,149	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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
INTERNATIONAL AID 17011 WHICKORY SPRING LAKE,MI 49456	38-2323550	501(C)(3)		139,650	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
JACKSON PUBLIC SCHOOL DISTRICT638 S PRESIDENT ST JACKSON,MS 39201	64-6000505	GOVERNMENT		20,833	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
JAMES RIVER ASSEMBLY OF GOD6100 N 19TH STREET OZARK,MO 65721	43-1564676	501(C)(3)		5,076	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
JESUS REAL INC2244 E LARK ST SPRINGFIELD,MO 65804	26-4163150	501(C)(3)		10,696	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
KID'S ACROSS AMERICA 1429 LAKESHORE DR BRANSON,MO 65616	43-1348373	501(C)(3)		42,391	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
LA DREAM CENTER2301 BELLVIEW AVE LOS ANGELES,CA 90026	95-1803686	501(C)(3)		301,671	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
LAKE CITY COMMUNITY CHURCH6000 RAMSEY AVE COEUR DALENE,ID 83815	82-0537455	501(C)(3)		23,250	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
LOS ANGELES CITY BOARD OF EDUCATION8525 REX ROAD PICO RIVERA,CA 90660	95-6001908	GOVERNMENT		15,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MAIMI DADE SCHOOL DISTRICT7001 SW 4TH STREET MIAMI,FL 33144	59-6000572	GOVERNMENT		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MARION SCHOOL DISTRICT506 SE 3RD AVE OCALA,FL 34471	59-6000734	GOVERNMENT		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MEMPHIS SCHOOL DISTRICTCITY OF MEMPHIS BOARD OF E3176 JACKSON AVE MEMPHIS,TN 38112	62-6000360	501(C)(3)		20,834	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MIDWEST FOOD BANK1703 S VETERANS PKWY BLOOMINGTON,IL 61701	41-2120170	501(C)(3)		2,372,597	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
MOUNTAIN VIEW CHRISTIAN CENTER317 27TH STREET BURLEY,ID 83318	82-0374961	501(C)(3)		8,346	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NINEVEH OUTREACH1601 COFFEE ROAD MODESTO,CA 95355	94-1294940	501(C)(3)		61,209	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NORTH POINT CHURCH 3401 W NORTON ROAD SPRINGFIELD,MO 65807	05-0574634	501(C)(3)		5,768	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
NORTH TEXAS FOOD BANK 4500 S COCKRELL HILL ROAD DALLAS,TX 75236	75-1785357	501(C)(3)		16,668	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OAK GROVE ASSEMBLY OF GOD1320 S OAK GROVE AVE SPRINGFIELD,MO 65804	43-1215614	501(C)(3)		20,001	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OKLAHOMA CITY SCHOOL DISTRICT2500 NE 30TH STREET OKLAHOMA,OK 73111	73-6021175	GOVERNMENT		16,666	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OPERATION CARE INT 1200 WARWICK DR MESQUITE,TX 75150	75-2959602	501(C)(3)		80,152	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OPERATION FOOD SEARCH 6282 OLIVE BOULEVARD ST LOUIS,MO 63130	43-1241854	501(C)(3)		96,284	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
OUTREACH UNLIMITED100 I-45 NORTH STE 210 CONROE,TX 77301	37-0984385	501(C)(3)		48,598	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
PHILADELPHIA SCHOOL DISTRICT440 N BROAD STREET PHILADELPHIA,PA 19130	23-6004102	GOVERNMENT		16,668	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
PLEASANT HOPE ASSEMBLY OF GOD5636 HIGHWAY H PLEASANT HOPE,MO 65725	38-3792018	501(C)(3)		29,007	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
POLK COUNTY SCHOOL DISTRICT5204 US HIGHWAY 98 SOUTH LAKELAND,FL 33813	59-6000807	GOVERNMENT		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
PULASKI COUNTY SPECIAL SCHOOL DISTRICT1101 A E DIXON RD LITTLE ROCK,AR 72216	71-6021158	GOVERNMENT		16,666	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
RADIANT LIFE CHURCH 15522 W PARADISE LANE SURPRISE,AZ 85374	86-0886925	501(C)(3)		29,903	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
RONALD MCDONALD HOUSE949 EAST PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)(3)		6,104	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ROYAL RANGERS CAMP AROMASO MO DIST COUNCIL OF T288 FARM ROAD 79 1162 EAGLE ROCK,MO 65641	44-6000911	501(C)(3)		34,261	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
RURAL COMPASSION1648 W LLOYD STREET OZARK,MO 65721	20-0870007	501(C)(3)		110,449	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SAN DIEGO EDUCATIONAL FUND2351 CARDINAL LANE SAN DIEGO,CA 92123	95-6095413	501(C)(3)		15,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT

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
SCHOOL BOARD OF PINNELLAS COUNTY11111 S BELCHER ROAD LARGO,FL 33773	59-6000799	GOVERNMENT		25,000	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SCHOOL OF THE NATIONS 311 HIDDEN BLUFF DRIVE OZARK,MO 65721	43-4585303	501(C)(3)		9,153	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SERVE THE PEOPLE1206 E 17TH 205 SANTA ANA,CA 92701	27-0421556	501(C)(3)		271,648	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SHEFFIELD FAMILY LIFE CENTER5700 WINNER ROAD KANSAS CITY,MO 64127	44-0590471	501(C)(3)		79,677	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SO CRESCENT RESOURCE MINISTRY112 PARK WEST DRIVE MCDONOUGH,GA 30253	58-2097740	501(C)(3)		1,169,803	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SPRINGFIELD VICTORY MISSION1715 N BOONVILLE AVE SPRINGFIELD,MO 65803	43-1345089	501(C)(3)		675,031	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
SPRINGS RESCUE MISSION 5 W LAS VEGAS ST COLORADO SPRINGS,CO 80903	84-1340824	501(C)(3)		264,225	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
ST ROBERT FIRST ASSEMBLY OF GOD919 HIGHWAY Z ST ROBERT,MO 65584	43-1112313	501(C)(3)		6,836	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
STONEBRIDGE CHURCH 2129 N BRISTOL LANE NIXA,MO 65714	43-1946691	501(C)(3)		17,919	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
TEEN CHALLENGE6305 S SARAH LANE OZARK,MO 65721	80-0203613	501(C)(3)		6,746	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
THE GUTS CHURCH9120 E BROKEN ARROWEXPY TULSA,OK 74145	73-1361025	501(C)(3)		34,778	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
TRI COUNTY ASSEMBLY OF GOD7350 DIXIE HIGHWAY FAIRFIELD,OH 45014	31-0870693	501(C)(3)		15,099	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
VICTORY CHURCHPO BOX 701286 TULSA,OK 74170	73-1610281	501(C)(3)		27,985	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
VICTORY JUNCTION4500 ADAMS WAY RANDLEMAN,NC 27317	56-2215292	501(C)(3)		7,949	FMV	FOOD & SUPPLIES	MINISTRY FULFILLMENT
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD AND AFFIL1445 N BOONVILLE AVE SPRINGFIELD,MO 65802	44-0577787	501(C)(3)	200,668				AG MISSIONARY FUNDING
WATER FOR THE WORLDPO BOX 9213 ST LOUIS,MO 63117	20-8865591	501(C)(3)	22,000				MINISTRY FULFILLMENT
EMPOWERED21PO BOX 3986 CLEVELAND,TN 37320	14-1867532	501(C)(3)	25,000				MINISTRY FULFILLMENT
SOUTH DALLAS SECTION OF ASSEMBLIES OF GOD PO BOX 862 LANCASTER,TX 75146	35-2354028	501(C)(3)	63,000				MINISTRY FULFILLMENT
FORT COLLINS CHURCH NETWORK1601 W DRAKE ROAD FT COLLINS,CO 80526	20-0637136	501(C)(3)	49,550				MINISTRY FULFILLMENT
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD STE 300 FRISCO,TX 75034	75-2391148	501(C)(3)	16,500				MINISTRY FULFILLMENT
OZARKS CENTER OF HOPE PO BOX 1317 MOUNTAIN HOME,AR 72654	27-1054856	501(C)(3)	13,000				MINISTRY FULFILLMENT
RURAL COMPASSION MINISTRIES330 S PATTERSON AVE SPRINGFIELD,MO 65802	20-0870007	501(C)(3)	49,271				MINISTRY FULFILLMENT
ST PAUL'S UNITED METHODIST CHURCH2423 W 26TH ST JOPLIN,MO 64804	43-1149608	501(C)(3)	33,087				MINISTRY FULFILLMENT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
CONVOY OF HOPE

Employer identification number  
68-0051386

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAL DONALDSON PRESIDENT	(i)	115,335	25,000	0	11,837	71,057	223,229	0
	(ii)	0	0	0	0	0	0	0
(2) JIM BATTEN EXECUTIVE VICE PRESIDENT	(i)	156,152	20,000	0	9,996	17,407	203,555	0
	(ii)	0	0	0	0	0	0	0
(3) DAN RICE PHILANTHROPY ARCHITECT	(i)	136,002	0	0	3,873	17,271	157,146	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
INFORMATION REGARDING BENEFITS PROVIDED	SCHEDULE J, PART I, LINE 1A	WITH BOARD APPROVAL, THE PRESIDENT, HAL DONALDSON, WAS PROVIDED A HOUSING ALLOWANCE IN ACCORDANCE WITH CONVOY OF HOPE'S POLICY RELATED TO MINISTERS. THIS IS A NON-TAXABLE BENEFIT IN ACCORDANCE WITH IRS CODE SECTION 107.
NON-FIXED PAYMENTS FOR OFFICERS OR DIRECTORS	SCHEDULE J, PART I, LINE 7	IN ADDITION TO BASE COMPENSATION, KEY EXECUTIVES ARE ALSO ELIGIBLE TO RECEIVE PERFORMANCE BONUS COMPENSATION IN ACCORDANCE WITH CRITERIA OUTLINED IN THE EXECUTIVE COMPENSATION PLAN. BASE COMPENSATION AND PERFORMANCE BONUSES ARE PROPOSED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE EXECUTIVE BOARD OF DIRECTORS.



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, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			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 assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVE DONALDSON	SEE PART V	169,575	EMPLOYEE COMPENSATION		No
(2) AG FINANCIAL SOLUTIONS	SEE PART V	7,500,000	YEAR END INVESTMENT HOLDINGS		No
(3) MATTHEW METZGER	SEE PART V	41,817	EMPLOYEE COMPENSATION		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION	SCHEDULE L, PART IV, COLUMN B	(1) DAVE DONALDSON IS THE BROTHER OF PRESIDENT HAL DONALDSON (2) BOARD MEMBER DAVID CRIBBS AND OFFICER JIM BATTEN SIT ON THE BOARD OF AG FINANCIAL SOLUTIONS (3) MATTHEW METZGER IS THE BROTHER OF CFO MARK METZGER

SCHEDULE M  
(Form 990)

Noncash Contributions

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
CONVOY OF HOPE

Employer identification number  
68-0051386

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		805,110	FMV
5 Clothing and household goods . . . . .	X		10,744,232	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	702	31,804,035	FMV
20 Drugs and medical supplies . . . . .	X	37	25,678,750	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
RELIEF				
25 Other ► ( SUPPLIES ) . . . . .	X	27	660,838	FMV
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29

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

29

27

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 noncash contributions? . . . . .

32a

Yes

b

If "Yes," describe in Part II

33

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

Part II

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

Identifier	Return Reference	Explanation
DESCRIBE HOW THIRD PARTIES SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	SCHEDULE M, 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 ITS FOUNDATION CONVOY OF HOPE HAS CONTROL OF THAT FUND AND CAN TRANSFER THE FUNDS TO CONVOY OF HOPE AT ANY TIME
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, COLUMN B	THE NUMBERS IN COLUMN B REPRESENT THE NUMBER OF TIMES A CONTRIBUTION WAS MADE FOR EACH CORRESPONDING LINE ITEM

**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.**

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**2012****Open to Public  
Inspection**Name of the organization  
CONVOY OF HOPE**Employer identification number**

68-0051386

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A	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, STRIVING TO DISTRIBUTE WATER FILTERS TO EACH COMMUNITY CONVOY OF HOPE SERVES, AND IMPLEMENTING AN INNOVATIVE WOMEN'S EMPOWERMENT PROGRAM DURING 2012, CONVOY OF HOPE DISTRIBUTED MORE THAN 200 WATER FILTERS, 150 SCHOOL KITS, AND 1,800 FAMILY SEED PACKS IN 2012, THE AGRICULTURAL INITIATIVES PROGRAM SAW INCREASED YIELDS IN HAITI AND ALMOST THREE TIMES INCREASED INCOME, WHICH LED TO 500,000 MEALS PROVIDED TO CHILDREN IN CONVOY OF HOPE'S FEEDING INITIATIVE. CONVOY OF HOPE WOMEN'S EMPOWERMENT INITIATIVE AFFORDS IMPOVERISHED WOMEN AN OPPORTUNITY TO LET THEIR ENTREPRENEURIAL LEANINGS BECOME REALITIES SO THEY CAN FEED AND CARE FOR THEIR CHILDREN. THE WOMEN'S EMPOWERMENT INITIATIVE IN ETHIOPIA SAW MORE THAN 1,000 WOMEN GO THROUGH THE PROGRAM BY THE END OF 2012.

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	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 2012, CONVOY OF HOPE CONDUCTED 40 COMMUNITY OUTREACHES ACROSS 30 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 1,750 CHURCHES/ORGANIZATIONS AND OVER 28,000 VOLUNTEERS (UNAUDITED)

Identifier	Return Reference	Explanation
DONOR NOTIFICATION	FORM 990, PART V, LINE 7B	DURING 2013, CONVOY OF HOPE MODIFIED ITS WEBSITE TO DISCLOSE TO 5K REGISTRANTS THAT REGISTRATION FEES ARE NOT TAX DEDUCTIBLE

Identifier	Return Reference	Explanation
FAMILY/BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS MR MILLS AND MR COREY HAVE A FAMILY RELATIONSHIP



Identifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, SECTION A, LINE 4	DURING 2012, THE BYLAWS WERE CHANGED TO INCREASE THE SIZE OF THE BOARD OF DIRECTORS FROM 15 TO "NO MORE THAN 20 MEMBERS "

Identifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE FINANCE DEPARTMENT OF THE ORGANIZATION. COPIES OF THE FINAL FORM 990 ARE EMAILED TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. IN THE EVENT THE ORGANIZATION IS UNABLE TO PROVIDE THE FORMS PRIOR TO FILING, COPIES ARE PROVIDED TO BOARD MEMBERS AS SOON AS POSSIBLE. BOARD MEMBERS ARE ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CONTACT THE PREPARER, OTHER BOARD MEMBERS, AND/OR EXECUTIVE OFFICERS WITH ANY QUESTIONS OR CONCERNS.

Identifier	Return Reference	Explanation
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	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 PRESIDENT AND BOARD CHAIRMAN TO DETERMINE WHETHER THE REPORTED TRANSACTION AND/OR OTHER CONFLICTING RELATIONSHIP IS JUST, FAIR, AND REASONABLE.

Identifier	Return Reference	Explanation
REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION	FORM 990, PART VI, SECTION B, LINES 15A & 15B	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
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS, FORMS 990 AND 990-T ARE POSTED ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICIES AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
BOARD MEMBER COMPENSATION	FORM 990, PART VII, SECTION A	BOARD MEMBERS, COURT DURKALSKI AND CHRIS SONKSEN WERE PAID FOR THEIR SERVICES AS AN HONORARIUM SPEAKER AND CONSULTANT RESPECTIVELY NEITHER BOARD MEMBER RECEIVED PAYMENT FOR THEIR SERVICES AS BOARD MEMBERS