

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CONVOY OF HOPE		D Employer identification number 68-0051386
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 S. PATTERSON AVE.		E Telephone number 417-823-8998
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 65802		
F Name and address of principal officer: HAL DONALDSON SAME AS C ABOVE		G Gross receipts \$ 386,837,499.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
J Website: WWW.CONVOYOFHOPE.ORG		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1984		M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RESPONDING TO THE NEEDS OF THE IMPOVERISHED AND SUFFERING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	259
	6 Total number of volunteers (estimate if necessary)	6	67191
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	195,618,561.	360,166,373.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,467,520.	4,838,938.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,259,788.	-783.
		194,826,293.	365,004,528.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	153,443,035.	305,190,321.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,597,990.	21,138,097.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,084,197.	4,884,959.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,799,714.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,373,563.	11,534,815.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	190,498,785.	342,748,192.
19 Revenue less expenses. Subtract line 18 from line 12	4,327,508.	22,256,336.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	74,885,146.	104,351,367.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,112,300.	20,364,269.
	60,772,846.	83,987,098.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ KREGG HOOD, CHIEF BUSINESS OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	DEIRDRE HODGSON	DEIRDRE HODGSON	10/06/21	<input type="checkbox"/>	P01484710
Preparer Use Only	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Phone no. 612-376-4500			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CONVOY OF HOPE IS A FAITH-BASED ORGANIZATION WITH A DRIVING PASSION TO FEED THE WORLD THROUGH CHILDREN'S FEEDING INITIATIVES, COMMUNITY OUTREACHES, DISASTER RESPONSE, AND STRATEGIC PROGRAM PARTNERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 70,661,241. including grants of \$ 63,303,365.) (Revenue \$ 8,294,289.) INTERNATIONAL COMMUNITY DEVELOPMENT - THE ORGANIZATION FIGHTS HUNGER AND UNDERNUTRITION THROUGH DISTRIBUTION OF NUTRIENT DENSE FOODS AND MICRONUTRIENT SUPPLEMENTATION IN FOOD INSECURE COMMUNITIES. IN ADDITION TO MEETING IMMEDIATE NUTRIENT NEEDS, CONVOY OF HOPE WORKS IN A GROWING NUMBER OF LOCATIONS ON HYGIENE PROMOTION, DISEASE PREVENTION, CLEAN WATER AND SANITATION PROJECTS, AGRICULTURAL TRAINING AND INCOME GENERATING ACTIVITIES (UNAUDITED). SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 64,968,048. including grants of \$ 63,036,650.) (Revenue \$ 223,693.) STRATEGIC PROGRAM PARTNERS - THROUGH COLLABORATION WITH OTHER LIKE-MINDED ORGANIZATIONS THROUGHOUT THE WORLD, THE ORGANIZATION IS ABLE TO EXPAND ITS REACH BY SUPPLYING AND EMPOWERING OTHER ORGANIZATIONS WITH FOOD AND OTHER PRODUCTS. CONVOY OF HOPE PROVIDED STRATEGIC PROGRAM PARTNERS LEADS TO OVER 158 ORGANIZATIONAL PARTNERS AROUND THE WORLD (UNAUDITED).

4c (Code:) (Expenses \$ 183,913,795. including grants of \$ 178,850,306.) (Revenue \$ 17,681,752.) DISASTER RESPONSE - THE ORGANIZATION PROVIDES INITIAL RESPONSE TEAMS, INCIDENT SUPPORT, AND LONG TERM RECOVERY SOLUTIONS THROUGH ITS DEDICATED VOLUNTEER NETWORK, FLEET OF TRACTOR-TRAILERS AND RESPONSE EQUIPMENT, WORLD DISTRIBUTION CENTER AND STRATEGIC PARTNERS. SINCE 1998, THE ORGANIZATION HAS QUICKLY AND EFFECTIVELY PROVIDED EMERGENCY FOOD, WATER, SHELTER AND SUPPLIES TO SURVIVORS THROUGHOUT THE WORLD.

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

4e Total program service expenses 319,543,084.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AZ, AR, CA, CO, CT, KY, LA, MD, MA, MI, MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DAN CLOPINE - 417-823-8998
330 S. PATTERSON AVE., SPRINGFIELD, MO 65802

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAL DONALDSON PRESIDENT	40.00			X			408,870.	0.	50,810.	
(2) KEITH BOUCHER SENIOR VP AND COO	40.00			X			211,178.	0.	44,121.	
(3) RICK WAGGONER SR VP AND CDO	40.00				X		199,862.	0.	49,529.	
(4) DANIEL CLARK, JR VP-PARTNER DEVELOPMENT	40.00				X		216,554.	0.	32,366.	
(5) KREGG HOOD SR VP AND CBO	40.00			X			207,768.	0.	10,539.	
(6) DAVID ROGERS VP- PARTNER RELATIONS	40.00					X	152,557.	0.	42,243.	
(7) ERICK MEIER VP-SUPPLY CHAIN	40.00					X	143,363.	0.	30,677.	
(8) KIMARIE PAGE VP - DEVELOPMENT RESOURCES	40.00					X	144,941.	0.	28,491.	
(9) RANDY RICH VP-ADMINISTRATION	40.00					X	109,965.	0.	46,123.	
(10) KARY KINGSLAND SENIOR VP-RURAL INITATIVES	40.00					X	135,377.	0.	20,384.	
(11) BRAD ROSENBERG SR VP AND CPO	40.00	X		X			49,400.	0.	63,384.	
(12) JUNE MIDDLETON CFO	40.00			X			16,063.	0.	4,242.	
(13) DISHAN WICKRAMARATNE DIRECTOR	1.00	X					0.	0.	0.	
(14) KIRK YAMAGUCHI DIRECTOR	1.00	X					0.	0.	0.	
(15) TOM CARTER DIRECTOR	1.00	X					0.	0.	0.	
(16) CHERYL JAMISON DIRECTOR	1.00	X					0.	0.	0.	
(17) TELVIN JEFFRIES DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID CRIBBS DIRECTOR	1.00	X					0.	0.	0.	
(19) AARON COLE CHAIRMAN	1.00			X			0.	0.	0.	
(20) BRAD TRASK SECRETARY	1.00	X					0.	0.	0.	
(21) SHERILYNN TOUNGER DIRECTOR	1.00	X					0.	0.	0.	
(22) SAM HUDDLESTON DIRECTOR	1.00	X					0.	0.	0.	
(23) DOMINICK GARCIA DIRECTOR	1.00	X					0.	0.	0.	
(24) KAY LOGSDON DIRECTOR	1.00	X					0.	0.	0.	
(25) KLAYTON KO DIRECTOR	1.00	X					0.	0.	0.	
(26) RANDY HURST DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,995,898.	0.	422,909.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,995,898.	0.	422,909.	

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 29

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Q & COMPANY, 1313 N NIAS AVE STE B, SPRINGFIELD, MO 65802	CONSTRUCTION SERVICES	2,725,807.
RESOLUTION INC, 5620 TCHOUPITOULAS ST, NEW ORLEANS, LA 70115	INTERNATIONAL FREIGHT	2,156,584.
FEED MY STARVING CHILDREN 401 93RD AVE NW, COON RAPIDS, MN 55433	FOOD PACKING SERVICES	1,500,000.
WESTFALL GROUP INC PO BOX 81712, ATLANTA, GA 30366	FUNDRAISING CONSULTING AND EVENT SERVICE	1,212,984.
C.H. ROBINSON COMPANY, INC PO BOX 9121, MINNEAPOLIS, MN 55480	DOMESTIC FREIGHT	975,462.

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 6

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	21,770.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	360,144,603.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 283,975,106.				
	h Total. Add lines 1a-1f			360,166,373.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,162,659.		1,162,659.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				525,287.			
	b Less: rental expenses ...	6b		1,184,414.			
	c Rental income or (loss)	6c		-659,127.			
	d Net rental income or (loss)			-659,127.		-659,127.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				24,314,836.	10,000.		
	b Less: cost or other basis and sales expenses	7b		24,289,744.	-3,641,187.		
	c Gain or (loss)	7c		25,092.	3,651,187.		
d Net gain or (loss)			3,676,279.		3,676,279.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		11,716.				
		b Less: cost of goods sold	10b	0.			
		c Net income or (loss) from sales of inventory			11,716.		11,716.
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	458,119.		458,119.	
	b MISSIONARY PARTNERS RE		480000	188,509.		188,509.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			646,628.			
12 Total revenue. See instructions			365,004,528.	0.	0.	4,838,155.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	260,587,271.	260,587,271.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	44,603,050.	44,603,050.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,470,990.	1,113,421.	471,422.	886,147.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,016,775.	6,315,917.	2,674,158.	5,026,700.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	643,422.	289,924.	122,754.	230,744.
9 Other employee benefits	3,070,856.	1,383,718.	585,866.	1,101,272.
10 Payroll taxes	936,054.	421,783.	335,688.	178,583.
11 Fees for services (nonemployees):				
a Management				
b Legal	174,252.	19,478.	37,836.	116,938.
c Accounting	81,338.	9,092.	17,661.	54,585.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,884,959.			4,884,959.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,544,024.	1,407,034.	1,395,052.	741,938.
12 Advertising and promotion	257,528.	92,378.	95.	165,055.
13 Office expenses	807,449.	290,082.	454,356.	63,011.
14 Information technology				
15 Royalties				
16 Occupancy	117,274.	117,274.		
17 Travel	2,703,075.	791,400.	272,455.	1,639,220.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,012,160.	782,562.	175,066.	54,532.
23 Insurance	595,305.	57,049.	536,297.	1,959.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	784,615.	677,045.	105,859.	1,711.
b PRINTING AND PUBLICATIO	504,284.	80,387.	68,550.	355,347.
c EQUIPMENT, TOOLS AND RE	341,127.	190,875.	31,501.	118,751.
d POSTAGE AND FREIGHT	286,552.	74,076.	34,214.	178,262.
e All other expenses	325,832.	239,268.	86,564.	
25 Total functional expenses. Add lines 1 through 24e	342,748,192.	319,543,084.	7,405,394.	15,799,714.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,492,417.	1	23,816,462.
	2 Savings and temporary cash investments	25,473,343.	2	31,364,158.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	584,936.	4	444,487.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,644,370.	8	12,462,788.
	9 Prepaid expenses and deferred charges	1,596,114.	9	2,341,382.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,558,652.		
	b Less: accumulated depreciation	10b 7,423,617.	7,049,002.	10c 18,135,035.
	11 Investments - publicly traded securities	163,271.	11	174,780.
	12 Investments - other securities. See Part IV, line 11	12,861,440.	12	15,468,646.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,253.	15	143,629.
16 Total assets. Add lines 1 through 15 (must equal line 33)	74,885,146.	16	104,351,367.	
Liabilities	17 Accounts payable and accrued expenses	2,873,840.	17	5,510,346.
	18 Grants payable		18	
	19 Deferred revenue	10,621,237.	19	6,979,672.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	617,223.	23	7,874,251.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	14,112,300.	26	20,364,269.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,413,120.	27	79,704,430.
	28 Net assets with donor restrictions	12,359,726.	28	4,282,668.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	60,772,846.	32	83,987,098.
33 Total liabilities and net assets/fund balances	74,885,146.	33	104,351,367.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	365,004,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	342,748,192.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,256,336.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,772,846.
5	Net unrealized gains (losses) on investments	5	851,482.
6	Donated services and use of facilities	6	106,434.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	83,987,098.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,003,027.	174,930,532.	176,728,792.	195,618,561.	360,166,373.	1043447285.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	136,003,027.	174,930,532.	176,728,792.	195,618,561.	360,166,373.	1043447285.
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)						32,887,684.
6 Public support. Subtract line 5 from line 4.						1010559601.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	136,003,027.	174,930,532.	176,728,792.	195,618,561.	360,166,373.	1043447285.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,624.	91,476.	807,210.	1,084,690.	1,682,721.	3,683,721.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	315,476.	298,064.				613,540.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	446,281.	517,007.	834,965.	567,985.	646,628.	3,012,866.
11 Total support. Add lines 7 through 10						1050757412.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	96.17	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	91.56	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2016 AMOUNT: \$ 445,583.

2017 AMOUNT: \$ 517,007.

2018 AMOUNT: \$ 834,965.

2019 AMOUNT: \$ 567,985.

2020 AMOUNT: \$ 646,628.

SALE OF MERCHANDISE

2016 AMOUNT: \$ 698.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 	\$ 14,109,406.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 	\$ 11,799,825.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 	\$ 11,330,480.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 	\$ 9,737,551.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 	\$ 9,213,252.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 	\$ 8,360,510.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 	\$ 17,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	 	\$ 24,436,059.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 	\$ 43,788,088.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 	\$ 18,193,768.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 	\$ 17,778,440.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	 	\$ 17,596,582.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 16,625,860.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEALS, DRINKS _____ _____ _____	\$ 14,109,406.	11/05/20
2	MEALS, DRINKS _____ _____ _____	\$ 11,799,825.	12/11/20
3	MEDICINE & HYGIENE SUPPLIES _____ _____ _____	\$ 11,330,480.	09/25/20
4	MEALS, DRINKS _____ _____ _____	\$ 9,737,551.	11/23/20
5	MEALS, DRINKS _____ _____ _____	\$ 9,213,252.	11/05/20
6	MEALS _____ _____ _____	\$ 8,360,510.	12/07/20

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	MEALS _____ _____ _____	\$ 24,436,059.	12/11/20
9	MEALS, DRINKS _____ _____ _____	\$ 43,788,088.	12/07/20
10	MEALS, DRINKS _____ _____ _____	\$ 18,193,768.	11/23/20
11	MEALS, DRINKS _____ _____ _____	\$ 17,778,440.	11/23/20
12	CANDY _____ _____ _____	\$ 17,596,582.	12/07/20
13	CEREAL, SNACKS _____ _____ _____	\$ 16,625,860.	12/11/20

Name of organization CONVOY OF HOPE	Employer identification number 68-0051386
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding art and historical treasures.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	162,217.	142,146.	150,408.	133,847.	124,578.
b Contributions					
c Net investment earnings, gains, and losses	11,297.	20,071.	-8,262.	16,561.	10,211.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					942.
g End of year balance	173,514.	162,217.	142,146.	150,408.	133,847.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,802,699.		1,802,699.
b Buildings		2,707,145.	591,841.	2,115,304.
c Leasehold improvements				
d Equipment		10,230,330.	6,831,776.	3,398,554.
e Other		10,818,478.		10,818,478.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,135,035.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMUNITY FOUNDATION OF THE OZARKS -		
(B) HOPE FUND	44,774.	COST
(C) ASPER-COH, LLC INVESTMENT ACCOUNT	195,914.	COST
(D) ASPER-COH BROKERAGE/TRADING ACCOUNT	1,270,179.	COST
(E) CROSSMARK WEALTH MANAGEMENT	1,085,383.	COST
(F) FOUNDATION CAPITAL RESOURCES	10,411,708.	COST
(G) SCHWAB STOCK SWEEP ACCOUNT	1,030,344.	COST
(H) SCHWAB STOCK LEGACY	1,030,344.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,468,646.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME AND,
 ACCORDINGLY, PAYS ESTIMATED TAXES. IN ACCORDANCE WITH THE PROVISIONS
 ASSOCIATED WITH ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS
 ANALYZED ITS VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT
 ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS ARE WELL DOCUMENTED AND
 SUPPORTED. ADDITIONALLY, MANAGEMENT BELIEVES THAT NO ACCRUALS FOR TAX
 LIABILITIES RELATED TO UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.
 THEREFORE, NO RESERVES FOR UNCERTAIN INCOME TAX POSITIONS HAVE BEEN
 RECORDED. THERE HAVE BEEN NO INCREASES OR DECREASES IN UNRECOGNIZED TAX
 BENEFITS FOR CURRENT OR PRIOR YEARS. FURTHER, NO INTEREST OR PENALTIES
 HAVE BEEN INCLUDED SINCE NO RESERVES WERE RECORDED AND NO SIGNIFICANT

Part XIII Supplemental Information *(continued)*

INCREASES OR DECREASES ARE EXPECTED TO OCCUR WITHIN THE NEXT 12 MONTHS.

WHEN APPLICABLE, INTEREST AND PENALTIES WILL BE REPORTED AS A COMPONENT OF

INCOME TAX EXPENSE.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	3	62	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	45,494,172.
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	2,728,241.
CENTRAL AMERICA & CARIBBEAN	0	0	DEVELOPMENT		159,352.
EAST ASIA & THE PACIFIC	2	22	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	5,108,312.
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	175,000.
EAST ASIA & THE PACIFIC	0	0	DEVELOPMENT		8,709.
EUROPE	1	10	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT, SPIRITUAL EMPHASIS	392,210.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	290,426.
3 a Subtotal	6	94			54,356,422.
b Total from continuation sheets to Part I	2	12			13,749,401.
c Totals (add lines 3a and 3b)	8	106			68,105,823.

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	DEVELOPMENT		3,937.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	REFUGEE RESPONSE	588,100.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	5,518.
NORTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE	11,745.
RUSSIA & NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	41,119.
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT	63,560.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RELIEF	6,466,462.
SOUTH AMERICA	0	0	DEVELOPMENT		9,565.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	121,900.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	765,450.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, DISASTER RELIEF	20,965.
SUB-SAHARAN AFRICA	2	12	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	4,425,412.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HUMANITARIAN SUPPORT	1,219,957.
SUB-SAHARAN AFRICA	0	0	DEVELOPMENT		5,711.
Totals	2	12			13,749,401.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM PARTNER	2,728,241.	WIRE	27,339,177.	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	175,000.	WIRE	427,243.	FOOD & SUPPLIES	FMV
		EUROPE	PROGRAM PARTNER	290,426.	WIRE	0.	N/A	N/A
		NORTH AMERICA	PROGRAM PARTNER	0.	N/A	2,717,227.	FOOD & SUPPLIES	FMV
		RUSSIA	PROGRAM PARTNER	41,119.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	PROGRAM PARTNER	121,900.	WIRE	6,120,936.	FOOD & SUPPLIES	FMV
		SOUTH ASIA	PROGRAM PARTNER	765,450.	WIRE	0.	FOOD & SUPPLIES	FMV
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	1,219,957.	WIRE	2,068,274.	FOOD & SUPPLIES	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **9**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	PROGRAM PARTNER	588,100.	WIRE	0.	N/A	N/A

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

CONVOY OF HOPE MAINTAINS PARTNERSHIP RELATIONSHIPS WITH ORGANIZATIONS

WORLDWIDE AND MONITORS THEIR PROGRAM NEEDS AND ABILITY TO FURTHER CARRY

OUT CONVOY OF HOPE'S MISSION IN OTHER COUNTRIES IN AN EFFECTIVE AND

EFFICIENT MANNER. CONVOY OF HOPE'S GLOBAL INITIATIVES TEAM MEMBERS SCREEN

RECIPIENT ORGANIZATIONS AND COMPLETES RANDOM COUNTRY VISITS TO MONITOR

THE USE OF GRANTS AND OUTCOMES.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA & CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEVELOPMENT/FEEDING,

AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS

REGION: EAST ASIA & THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEVELOPMENT/FEEDING,

AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEVELOPMENT/FEEDING,

AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL EMPHASIS

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BERKEY, BRENDDEL, SCHELINE - 60 SHIAWASSEE AVE, FAIRLAWN, WESTFALL GROUP - 75 14TH ST NE, ATLANTA, GA 30309	DEVELOPMENT CONSULTANT		X	1,756,566.	104,810.	1,648,484.
THE LATHROP GROUP, INC. - 2760 SPRINGWOOD LANE, WESTFALL SPEAKERS LLC - 400 MAIN ST STE 210, FRANKLIN, TN	FUNDRAISING CONSULTANT		X	0.	927,930.	0.
	FUNDRAISING CONSULTANT		X	0.	31,250.	0.
	FUNDRAISING CONSULTANT		X	0.	7,000.	0.
Total				1,756,566.	1,070,990.	1,648,484.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BERKEY, BRENDEN, SCHELINE

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

(I) NAME OF FUNDRAISER: THE LATHROP GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 2760 SPRINGWOOD LANE, MIDLOTHIAN, TX 76065

(I) NAME OF FUNDRAISER: WESTFALL SPEAKERS LLC

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 400 MAIN ST STE 210, FRANKLIN, TN 37064

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1ST GERNERAL BAPTIST CHURCH 2504 W MAIN CORNING, AR 72422	71-0583340	501(C)(3)	0.	7,246.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
21 REASONS TO GIVE 3958 SHIRLEY DRIVE ENCINO, CA 91316-3595	27-1168608	501(C)(3)	0.	377,487.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
A CAN CAN MAKE A DIFFERENCE 1607 CROMWELL BRIDGE ROAD BALTIMORE, MD 21234	52-1758039	501(C)(3)	0.	10,854.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
AFRICAN AMERICAN ASSOC OF GEORGIA INC. - SUITE B - ATLANTA, GA 30315	37-1426340	501(C)(3)	0.	20,082.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ARCADIA VALLEY A/G 12301 HIGHWAY 72 IRONTON, MO 63650	43-1272782	501(C)(3)	0.	12,833.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLIES OF GOD US MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	45,000.	0.	N/A		PROGRAM FULLFILLMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 165.

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

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSEMBLIES OF GOD WORLD MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	345,700.	0.	N/A		PROGRAM FULLFILLMENT
ASSEMBLY CHURCH 8208 GRANADA RD. SEBRING, FL 33876	59-1861991	501(C)(3)	0.	13,154.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ATTICA A/G 812 E MAIN ST ATTICA, IN 47918	35-1290897	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
AWAKENING GLOBAL MEDIA 1 NEW ENGLAND WAY SMITHFIELD, RI 02917	47-2173434	501(C)(3)	0.	53,331.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BABY2BABY 5830 W JEFFERSON BLVD #200 LOS ANGELES, CA 90016	46-4503539	501(C)(3)	0.	108,105.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BACKYARD ORPHANS PO BOX 117 MIDLOTHIAN, TX 76065-0117	46-2356432	501(C)(3)	20,000.	0.	N/A		PROGRAM FULLFILLMENT
BAND OF BELIEVERS CHURCH 108 S OWEN WALTERS BLVD SALINA, OK 74365	73-1608566	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BASS PRO SHOPS 1935 S CAMPBELL AVE SPRINGFIELD, MO 65807	43-1869775	CORPORATE	0.	550,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BAYSIDE COMMUNITY CHURCH OF SARASOTA INC. - 15800 E. STATE ROAD 64 - BRADENTON, FL 34212	04-3648411	501(C)(3)	50,000.	0.	N/A		PROGRAM FULLFILLMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON OF HOPE 601 E US HIGHWAY 54 VANDALIA, MO 63382	43-1279970	501(C)(3)	0.	7,042.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BETHEL A/G - SEDALIA 1201 N. WILLIAM PARKHURST DR SEDALIA, MO 65301	71-0920732	501(C)(3)	0.	16,601.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BETHESDA MISSION 5 PLEASANT VIEW DR. MECHANICSBURG,, PA 17105	23-1389397	501(C)(3)	0.	516,900.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BLACKWELL 1ST A/G 4825 WHITE AVE S BLACKWELL, OK 64119	90-0746440	501(C)(3)	0.	6,438.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BOGATA, TX 1ST A/G 640 MT PLEASANNT RD BOGATA, TX 75417	75-1589042	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE MINISTRY INC 13188 SPURGEON RD. BOX 12 LYNNVILLE, IN 47619-0012	35-1672783	501(C)(3)	0.	683,744.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE OUTREACH/ NEWPORT AG 35 N FRONT STREET NEWPORT, PA 17074	23-1988339	501(C)(3)	0.	1,816,745.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
BROOKSVILLE, KY A/G 140 GIBSON ST BROOKSVILLE, KY 41004	62-1335344	501(C)(3)	0.	11,948.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BRYAN, OH FIRST A/G 1105 ALPINE DR BRYAN, OH 43506	34-1228867	501(C)(3)	0.	18,881.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CATHOLIC CHARITIES OF SOUTHERN MISSOURI - 424 E MONASTERY ST. - SPRINGFIELD, MO 65807	80-0455890	501(C)(3)	0.	16,315.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CHILDREN'S HUNGER FUND 4940 EISENHAWER ROAD SAN ANTONIO, TX 91342	95-4335462	501(C)(3)	0.	4,544,791.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CHRISTIAN ACTION MINISTRIES 610 S 6TH ST BRANSON, MO 65616-2813	43-1355905	501(C)(3)	0.	18,259.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CITY REACH CHURCH 1477 N BROADWAY SPRINGFIELD, MO 65802	81-0972192	501(C)(3)	0.	8,204.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CLARENDON FIRST A/G 680 N 2ND ST CLARENDON, AR 72029	75-2147701	501(C)(3)	0.	10,906.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
COLLIER'S COMMUNITY SERVICES INC 145 INDUSTRIAL DRIVE JACKSON, GA 30233-5140	81-3178672	501(C)(3)	0.	77,166.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CONCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CO 80302	27-0035894	501(C)(3)	0.	88,613.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CORNERSTONE ASSEMBLY OF GOD CHURCH/SIDNEY OH - 15495 MERANDA RD. - ANNA, OH 45302	31-1120041	501(C)(3)	0.	7,856.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CORNERSTONE CHURCH 16010 ANNAPOLIS ROAD BOWIE, MD 20716	52-2202408	501(C)(3)	0.	36,447.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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COVENANT BAPTIST/CLEANING CLOSET 1350 E INDUSTRIAL RD MOUNT VERNON, MO 65712	13-5563018	501(C)(3)	0.	5,193.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROCKER, MO A/G 16646 HWY 17 CROCKER, MO 65452	43-1272761	501(C)(3)	0.	12,329.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
CROSS INTERNATIONAL 600 SW 3RD STREET SUISTE 22 POMPANO BEACH, FL 33060	65-1086387	501(C)(3)	0.	278,381.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSLINES 615 N GLENSTONE LEBANON, MO 65536	43-1238022	501(C)(3)	0.	172,031.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSROADS ALLIANCE AND MINISTIRES 4800 NW 5TH ST OCALA, FL 34489-1000	84-1651362	501(C)(3)	0.	145,923.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
DAWSON A/G PO BOX 350 MOUNTAIN GROVE, MO 65711	44-0577787	501(C)(3)	0.	7,856.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
DAYS FOR GIRLS INTERNATIONAL PO BOX 2622 MOUNT VERNON, WA 98273-7622	45-3934671	501(C)(3)	6,000.	0.	N/A		PROGRAM FULLFILLMENT
DE QUEEN, AR 1ST A/G 1440 W COLLIN RAYE DR DE QUEEN, AR 71832	71-0566530	501(C)(3)	0.	13,144.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
DIXON COMMUNITY CHURCH 955 EAST A ST DIXON, CA 95620	94-1408142	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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ELEVATE LIVES 334 E KEARNEY SPRINGFIELD, MO 65803	81-4490605	501(C)(3)	0.	6,554.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ENCOUNTER CHURCH 130 E MCCLURE ST KEWANEE, IL 61443	36-3328096	501(C)(3)	0.	9,437.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ENGAGE CHURCH 3338 HIGHWAY 62 W MOUNTAIN HOME, AR 72653	26-1756343	501(C)(3)	0.	5,561.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL UNIVERSITY 1111 NORTH GLENSTONE AVENUE SPRINGFIELD, MO 65802-2125	44-0589787	501(C)(3)	2,500,000.	0.	N/A		PROGRAM FULLFILLMENT
EVANGEL UNIVERSITY 1111 NORTH GLENSTONE AVENUE SPRINGFIELD, MO 65802-2125	44-0589787	501(C)(3)	125,500.	0.	N/A		PROGRAM FULLFILLMENT
FAMILY CHRISTIAN CENTER LEMITAR NM 786 C HWY 408 LEMITAR, NM 87828	85-0304965	501(C)(3)	0.	7,496.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FAMILY LIFE A/G PITTSBURG, KS 1234 N. ROUSE PITTSBURG, KS 66762	43-1916708	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FARMINGTON FIRST A/G DBA OPEN HEART - 1803 N WASHINGTON ST - FARMINGTON, MO 63640	43-1188615	501(C)(3)	0.	25,498.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FEED AMERICA FIRST 319 MURFREESBORO ST. FRANKLIN, TN 37069	81-4120182	501(C)(3)	0.	55,544.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433-5822	41-1601449	501(C)(3)	1,500,000.	0.	N/A		PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD ST ROBERT 919 Z HIGHWAY ST ROBERT, MO 65584-4652	43-1112313	501(C)(3)	0.	22,338.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FORDYCE 1ST A/G PO BOX 538 FORDYCE, AR 71742	23-7398691	501(C)(3)	0.	6,573.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FOUNTAIN OF HOPE 829 HOLLYWOOD ROAD ATLANTA, GA 30318-4769	26-3951956	501(C)(3)	0.	855,498.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FREDONIA, KS FIRST A/G 1102 WASHINGTON ST FREDONIA, KS 66736	48-0856031	501(C)(3)	0.	14,084.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FRIENDSHIP A/G 1771 HWY 163 JONESBORO, AR 72404	71-0567475	501(C)(3)	0.	18,278.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GARNETT, KS NAZARENE 258 W PARK RD GARNETT, KS 66032	48-0886396	501(C)(3)	0.	16,322.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GENTRY FIRST ASSEMBLY OF GOD 700 E. MAIN ST GENTRY, AR 72734	71-0541488	501(C)(3)	0.	13,322.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GLAD TIDINGS A/G GREENFIELD, MO 220 N MAIN ST GREENFIELD, MO 65661	43-1271473	501(C)(3)	0.	7,118.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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GLEANINGS FOR THE HUNGRY 430229 ROAD 104 DINUBA, CA 93618	43-1766756	501(C)(3)	0.	63,031.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GOOD NEWS CHURCH OF THE NAZARENE 158 RED OAK DR CARL JUNCTION, MO 64834	84-5030517	501(C)(3)	0.	5,809.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GOODNESS OUTREACH DEPOT 3401 N SYLVANIA AVE FORT WORTH, TX 76052-4614	68-0512138	501(C)(3)	0.	10,233,212.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
GOODNESS OUTREACH DEPOT, NY 1430 CLINTON ST BUFFALO, NY 14206	68-0512138	501(C)(3)	0.	33,777.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GOSPEL TEMPLE MISSIONARY BAPTIST CHURCH - 1612 LANE STREET - VICKSBURG, MS 39180	64-7080429	501(C)(3)	0.	47,919.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH 3101 GRETNA RD BRANSON, MO 65616	46-0527443	501(C)(3)	0.	15,029.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH - SALEM 600 S. WATER STREET SALEM, MO 65560	43-1227531	501(C)(3)	0.	12,482.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GUARDIANS BROTHERHOOD 3141 S FERGUSON AVE SPRINGFIELD, MO 65807	82-0998888	501(C)(3)	0.	6,769.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GUTS CHURCH 9120 EAST BROKEN ARROW EXP TULSA, OK 74145-3316	73-1361025	501(C)(3)	0.	171,702.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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HAILEYVILLE FIRST A/G 613 5TH STREET HAILEYVILLE, OK 74546	73-1017333	501(C)(3)	0.	5,094.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HANDS OF HOPE OF IL 1268 IMPERIAL AVE HAMPTON, IA 60436-1030	26-0643414	501(C)(3)	0.	260,277.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HAVANA A/G 300 EASTBROADWAY HWY 10 HAVANA, AR 72842	71-0502401	501(C)(3)	0.	17,833.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HEARTLAND WORSHIP CENTER 1004 E HIGHWAY 36 AGRA, KS 67621	76-0784814	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HEARTS OF LIFE 98 GEORGE P HASSET DR. SOMERVILLE, MA 02145	82-1004928	501(C)(3)	0.	296,098.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HOMELESS PRENATAL 2500 18TH ST. SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	0.	36,246.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HOPE AND ENCOURAGEMENT FOR HUMANITY INC. - 631 1/2 DEPO - BLISSFIELD, MI 49228	20-2676354	501(C)(3)	0.	29,282,841.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
HOSEA FEED THE HUNGRY AND HOMELESS 1035 DONNELLY AVE SW ATLANTA, GA 30310	58-1340903	501(C)(3)	0.	47,823.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
INDEPENDENCE BAPTIST CHURCH PO BOX 817 RICHLAND, MO 65556	13-5563018	501(C)(3)	0.	15,845.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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INNER CITY OUTREACH 1316 W WEBSTER SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	0.	45,459.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
JOSEPH & CO. 922 G STREET MARYSVILLE, CA 95901	84-2309333	501(C)(3)	0.	677,021.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
KIDS ACROSS AMERICA 1429 LAKE SHORE DR BRANSON, MO 65616	43-1348373	501(C)(3)	0.	8,259.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
KINGDOM COMMUNITY DEVELOPMENT SERVICE CORP. - 69633 S. 220 RD - WAGONER, OK 74467	84-2471835	501(C)(3)	0.	10,548.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LA DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	95-1803686	501(C)(3)	0.	15,359.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LAGRANGE CHRISTIAN ASSEMBLY, INC. 5707 WOLF RD LA GRANGE HIGHLANDS, IL 60525-3363	23-7451118	501(C)(3)	25,000.	0.	N/A		PROGRAM FULLFILLMENT
LEAST OF THESE 1720 JAMES RIVER ROAD OZARK, MO 65721	43-1867039	501(C)(3)	0.	102,867.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFE CHURCH/ HUMANSVILLE 506 W MILL ST HUMANSVILLE, MO 65674	44-0577787	501(C)(3)	0.	12,217.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFE360 COMMUNITY SERVICES 3581 S KANSAS AVE SPRINGFIELD, MO 65807	43-6109754	501(C)(3)	0.	476,545.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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LIFEBRIDGE AG 730 HASTINGS ST MOUNT VERNON, MO 65712	43-1495275	501(C)(3)	0.	15,807.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFESONG/ REEDS SPRING 360 EMERSON RD REEDS SPING, MO 65737	13-5562279	501(C)(3)	0.	12,015.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIVING SPRINGS ASSEMBLY OF GOD 304 W HAMLETT ST PALESTINE, TX 75803	75-1849736	501(C)(3)	0.	5,813.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LONG ISLAND UNITED METHODIST CHURCH - 554 WASHINGTON STREET - LONG ISLAND, KS 67647	01-0862158	501(C)(3)	0.	346,995.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LOVING WITH MERCY MINISTRIES 4127 N DEL NORTE AVE KERMAN, CA 93630-9737	46-4359589	501(C)(3)	143,181.	0.	N/A		PROGRAM FULLFILLMENT
MARIANNA FIRST A/G 149 E MARTIN LUTHER KING JR DR MARIANNA, AR 72360	71-0520144	501(C)(3)	0.	6,319.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MARYSVILLE CHRISTIAN FELLOWSHIP 1137 PONY EXPRESS HWY MARYSVILLE, KS 66508	48-1122177	501(C)(3)	0.	8,881.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - ARIZONA 725 E BASELINE RD GILBERT, AZ 85233	41-2120170	501(C)(3)	0.	547,642.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - BLOOMINGTON 2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501(C)(3)	0.	965,514.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - FLORIDA 5601 DIVISION DR. FORT MYERS, FL 33905	64-7080429	501(C)(3)	0.	67,068.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - GEORGIA 220 PARKADE COURT PEACHTREE CITY, GA 30269	41-2120170	501(C)(3)	0.	463,519.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - INDIANA 6450 S. BELMONT AVE INDIANAPOLIS, IN 65802	41-2120170	501(C)(3)	0.	325,243.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - PEORIA 9005 N. INDUSTRIAL RD PEORIA, IL 61615	41-2120170	501(C)(3)	0.	465,303.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK, TX 209 N TNDUSTRIAL BLVD BEDFORD, TX 76021	41-2120170	501(C)(3)	0.	18,683.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MISSION OF HOPE, HAITI PO BOX 720518 OKLAHOMA CITY, OK 73172-0518	13-4207776	501(C)(3)	1,084,279.	0.	N/A		PROGRAM FULLFILLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DRIVE NEOSHO, MO 65804	44-0577787	501(C)(3)	0.	122,207.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MONTICELLO, AR FIRST A/G PO BOX 473 MONTICELLO, AR 71655	71-0567233	501(C)(3)	0.	11,076.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MOSAIC CHURCH OF THE A/G 404 REED ST. HONEY GROVE, TX 75446	82-3454065	501(C)(3)	0.	12,293.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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MOUNTVILLE, SC THE FIRST 1736 SMITHVILLE RD MOUNTVILLE, SC 29370	57-0743980	501(C)(3)	0.	9,859.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NAHUNTA FIRST BAPTIST 112 FLORIDA AVE NAHUNTA, GA 31553	58-0965404	501(C)(3)	0.	45,049.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NAZARENE COMPASSIONATE MINISTRIES, INC. - 17001 PRAIRIE STAR PARKWAY, SUITE 100 - SHAWNEE, KS 66220	43-1550318	501(C)(3)	0.	38,432.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEVADA A/G 2247 N. OSAGE BLVD NEVADA, MO 64772	84-1687865	501(C)(3)	0.	9,373.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW BEGINNINGS FULL GOSPEL 205 E MILL ST HUMANSVILLE, MO 63660-0234	36-4557431	501(C)(3)	0.	7,548.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW COVENANT A/G GA 327 S MAIN ST FITZGERALD, GA 31750	62-1482248	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW DIRECTION COMMUNITY CHURCH 4180 BELVOIR RD. MARSHALL, VA 20115	82-1933242	501(C)(3)	0.	10,931.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW GROWTH MINISTRIES 1351 N. MARION AVE SPRINGFIELD, MO 65802	47-2173434	501(C)(3)	0.	18,031.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW LIFE CLARINDA 422 W. ORANGE ST CLARINDA, IA 51632	42-4489072	501(C)(3)	0.	9,437.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE MINISTRIES 1375 N. MARION AVE SPRINGFIELD, MO 65802	47-2173434	501(C)(3)	0.	6,894.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEWMAN KAHLON FOUNDATION 12210 MICHIGAN ST STE 13 GRAND TERRACE, CA 92313	83-3172022	501(C)(3)	0.	169,162.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NORTH TEXAS A/G 5241 FM 66 WAXAHACHIE, TX 75167	75-6002594	501(C)(3)	0.	31,444.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NORTHWEST HARVEST 711 CHERRY STREET SEATTLE, WA 98104	91-0826037	501(C)(3)	0.	7,020.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NORWOOD A/G N HIGHWAY E NORWOOD, MO 65717	43-1271450	501(C)(3)	0.	11,714.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPEN DOOR CHURCH/HOLCOMB, MO 27791 STATE HWY 25 HOLCOMB, MO 63852	13-5563018	501(C)(3)	0.	13,672.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPERATION COMPASSION 3800 WESTVIEW DRIVE NE CLEVELAND, TN 37312	62-1697490	501(C)(3)	0.	184,619.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPERATION LIFT UP 74 JORDAN CIR LOUISVILLE, MS 39339-3475	47-3221272	501(C)(3)	428,472.	0.	N/A		PROGRAM FULLFILLMENT
PALM BEACH COUNTY FOOD BANK 525 GATOR DRIVE LANTANA, FL 33462-1754	90-0788707	501(C)(3)	0.	45,587.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLES CITY MISSION 110 Q STREET LINCOLN, NE 68508-2345	47-0723542	501(C)(3)	0.	188,815.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
PHOENIX DREAM CENTER FOUNDATION 13613 N CAVE CREEK RD PHOENIX, AZ 85022-5137	45-1456334	501(C)(3)	50,000.	0.	N/A		PROGRAM FULLFILLMENT
PITTSFIELD, IL A/G 575 PIPER LN PITTSFIELD, IL 62363	37-1051296	501(C)(3)	0.	13,664.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
PLEASANT PLAINS FIRST A/G 7477 BATESVILLE BLVD PLEASANT PLAINS, AR 72568	46-4942001	501(C)(3)	0.	13,594.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
PLEASANTON, KS A/G 103 E 7TH ST PLEASANTON, KS 66075	48-0944593	501(C)(3)	0.	7,371.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73179	73-1100380	501(C)(3)	0.	16,331.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
RIVER OF LIFE ASSEMBLY OF GOD 220 BEAVER RD MUNFORD, TN 38058	62-1541209	501(C)(3)	0.	19,673.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ROD BAKER MINISTRIES 530 W. G STREET JENKS, OK 74170-1286	73-1610281	501(C)(3)	0.	723,543.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SAMMY'S WINDOW 509 S. CAVALIER SPRINGFIELD, MO 65802	43-1895965	501(C)(3)	0.	6,529.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUEL'S HOUSE 2402 S 17TH AVE OZARK, MO 65721-8732	45-3645516	501(C)(3)	6,300.	0.	N/A		PROGRAM FULLFILLMENT
SEEK YE THE WAY OF THE CROSS MINISTRY INC - 224 NORTH F STREET - HARLINGEN, TX 78550	74-2585510	501(C)(3)	0.	2,119,474.	FMV	FOOD AND SUPPLIES	PROGRAM FULLFULLMENT
SERVE THE PEOPLE 12065 17TH ST. SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	527,342.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SHILOH D CENTER 2099 THOMAS RD. MEMPHIS, TN 38134	43-1091293	501(C)(3)	0.	48,056.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SMARTT ASSEMBLY OF GOD 5542 MANCHESTER HIGHWAY MORRISON, TN 37357	62-1763660	501(C)(3)	0.	10,094.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SMITHFIELD, VA A/G 111 HEPTINSTALL AVE SMITHFIELD, VA 23430	55-0898470	501(C)(3)	0.	10,516.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SOLID ROCK ASSEMBLY 10750 HIGHWAY 62 WEST VIOLA, AR 72583	44-0577787	501(C)(3)	0.	11,306.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SOULFIRE MINISTRIES 117 WEST MAIN ASH GROVE, MO 65604	45-2572428	501(C)(3)	0.	11,118.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SOUTHERN CRESCENT RESOURCE MINISTRY - 112 PARK WEST DRIVE - MCDONOUGH, GA 35252	48-0886396	501(C)(3)	0.	50,459.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE A/G POPLAR BLUFF 2602 KINGSLAND DR POPLAR BLUFF, MO 63901	43-1091293	501(C)(3)	0.	14,534.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SPRINGFIELD VICTORY MISSION 1715 BOONVILLE SPRINGFIELD, MO 65801	43-1592707	501(C)(3)	0.	31,946.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TABERNACLE OF GOD MINISTRIES 507 N 9TH AVE DILLON, SC 29536	57-0956069	501(C)(3)	0.	648,338.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TCU/TERREBONNE CHURCHES UNITED FOODBANK - 254 MAGNOLIA STREET - HOUMA, LA 70360	84-2471835	501(C)(3)	0.	61,597.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE BRIDGE WEST PLAINS, MO 1645 W 160 HWY WEST PLAINS, MO 65775	43-1766756	501(C)(3)	0.	24,367.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE COMMUNITY PANTRY 1130 E HASLER VALLEY ROAD GALLUP, NM 87301	85-0460193	501(C)(3)	0.	153,965.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE CONNECTING GROUNDS 1109 E COMMERCIAL SPRINGFIELD, MO 65803	82-3818094	501(C)(3)	0.	5,672.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE GYPSY PROJECT 8106 GATES BLUFF TERRACE CHESTERFIELD, VA 23832	46-2839030	501(C)(3)	13,500.	0.	N/A		PROGRAM FULLFILLMENT
THE LINK 209 S BELL ST OZARK, AR 72949	44-0577787	501(C)(3)	0.	12,539.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE POINT CHURCH 1710 NASHVILLE ST RUSSELLVILLE, KY 42276	81-4120182	501(C)(3)	0.	20,410.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TRINITY FAITH CHURCH 2264 KANSAS AVE LIBERAL, KS 67905-1864	48-0943372	501(C)(3)	0.	8,962.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
UNION RAOD ASSEMBLY OF GOD 433 UNION RD HARRISON, AR 72601	71-0625157	501(C)(3)	0.	10,822.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
UNITY FAMILY TEMPLE INOLA, OK 37260 S 4210 RD INOLA, OK 74036	84-2471835	501(C)(3)	0.	20,437.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
USA VETERANS HOPE CENTER 806 N. JEFFERSON AVE. SPRINGFIELD, MO 65802	81-3502937	501(C)(3)	0.	12,173.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VAN BUREN SECTION 435 COLLEGE ST ELLINGTON, MO 63638	43-1213016	501(C)(3)	0.	75,230.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VICTORY CHRISTIAN CENTER INC. 7700 S LEWIS AVE TULSA, OK 74136	73-1118610	501(C)(3)	0.	17,448.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WE CARE FOR ALL 470 STEELE DRIVE HAMPTON, GA 30228	58-2553019	501(C)(3)	0.	503,069.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WEBB CITY CHURCH OF THE NAZARENE 701 10TH ST WEBB CITY, MO 64870	43-1091914	501(C)(3)	0.	20,662.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPRING CHURCH BLYTHEVILLE, AR 600 N DIVISION ST BLYTHEVILLE, AR 72315	44-0577787	501(C)(3)	0.	43,653.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WESTSIDE FAMILY LIFE CENTER 1274 CR 5270 WILLOW SPRINGS, MO 65793	43-2036916	501(C)(3)	0.	15,790.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WINDERMERE CHRISTIAN RETREAT CENTER - 1650 KOEHLER DRIVE - ROACH, MO 65787	84-3923144	501(C)(3)	0.	9,715.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WITNESS AS MINISTRY 2271 LAKE AVE UNIT 6286 ALTADENA, CA 91003-7038	46-2364153	501(C)(3)	578,100.	0.	N/A		PROGRAM FULLFILLMENT
WORLD HELP 1148 CORPORATE PARK DRIVE FOREST, VA 24551	54-1615454	501(C)(3)	0.	89,617.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WORLD SERVE PO BOX 501 FOREST, VA 24551	54-1615454	501(C)(3)	0.	11,812.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WYNNE FIRST A/G 1900 N KILLOUGH WYNNE, AR 72396	71-0557669	501(C)(3)	0.	19,617.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CONVOY OF HOPE'S GLOBAL INITIATIVES AND/OR SUPPLY CHAIN PERSONNEL SCREEN

GRANT RECIPIENTS TO ENSURE GRANTS ARE MADE TO ONLY QUALIFIED CHARITABLE

ORGANIZATIONS. CONVOY OF HOPE MAINTAINS ONGOING RELATIONSHIPS THROUGHOUT

THE YEAR WITH GRANTEEES AND MONITORS THE USE OF GRANT FUNDS IN ACCORDANCE

WITH THE UNDERLYING GRANT AGREEMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAL DONALDSON PRESIDENT	(i)	369,587.	39,283.	0.	26,000.	24,810.	459,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEITH BOUCHER SENIOR VP AND COO	(i)	190,878.	20,300.	0.	25,000.	19,121.	255,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICK WAGGONER SR VP AND CDO	(i)	178,952.	20,910.	0.	26,000.	23,529.	249,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL CLARK, JR VP-PARTNER DEVELOPMENT	(i)	185,157.	31,397.	0.	10,937.	21,429.	248,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KREGG HOOD SR VP AND CBO	(i)	207,323.	445.	0.	0.	10,539.	218,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID ROGERS VP- PARTNER RELATIONS	(i)	139,866.	12,691.	0.	17,533.	24,710.	194,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERICK MEIER VP-SUPPLY CHAIN	(i)	127,963.	15,400.	0.	6,867.	23,810.	174,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIMARIE PAGE VP - DEVELOPMENT RESOURCES	(i)	119,741.	25,200.	0.	6,462.	22,029.	173,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RANDY RICH VP-ADMINISTRATION	(i)	107,665.	2,300.	0.	25,613.	20,510.	156,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KARY KINGSLAND SENIOR VP-RURAL INITATIVES	(i)	134,077.	1,300.	0.	1,250.	19,134.	155,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

ON OCCASION, THE PRESIDENT, SELECT BOARD MEMBERS, AND SELECT EXECUTIVE
 STAFF WERE PROVIDED COMPANION TRAVEL AND/OR FIRST-CLASS OR CHARTER TRAVEL
 FOR DEVELOPMENT AND PROGRAM EVENTS. WHERE THERE IS A DOCUMENTED, BONA FIDE
 BUSINESS PURPOSE (AS DETERMINED BY REFERENCE TO INTERNAL REVENUE SERVICE
 GUIDANCE) FOR THE COMPANION TRAVEL, THE AMOUNT WAS DETERMINED TO BE
 NON-TAXABLE TO THE EMPLOYEE. IN INSTANCES WHERE A DOCUMENTED, BONA FIDE
 BUSINESS PURPOSE WAS NOT DETERMINED, THE TRAVEL IS TAXABLE TO THE EMPLOYEE.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DOREE DONALDSON	WIFE OF CEO, HAL DO	160,200.	EMPLOYEE CO		X
ELLIOT BOUCHER	SON OF COO, KEITH B	37,576.	EMPLOYEE CO		X
LINDSAY DONALDSON-KRING	DAUGHTER OF CEO, HA	62,038.	EMPLOYEE CO		X
HAROLD SALLEE	FATHER-IN-LAW OF BO	55,258.	EMPLOYEE CO		X
DANIEL CLARK, SR	FATHER OF KEY EMPLO	22,685.	EMPLOYEE CO		X
ERIN RAE DONALDSON	DAUGHTER OF CEO, HA	47,150.	EMPLOYEE CO		X
JANNA NOONAN	WIFE OF KEY EMPLOYE	1,020.	EMPLOYEE CO		X
JON FRENCH	BROTHER-IN-LAW OF K	45,529.	EMPLOYEE CO		X
BONNIE MILLS	WIFE OF BOARD MEMBE	58,746.	EMPLOYEE CO		X
RICK WAGGONER	NEPHEW OF CEO, HAL	225,862.	EMPLOYEE CO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: DOREE DONALDSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: ELLIOT BOUCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF COO, KEITH BOUCHER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: LINDSAY DONALDSON-KRING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: HAROLD SALLEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER-IN-LAW OF BOARD SECRETARY, BRAD TRASK

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

Part V Supplemental Information

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

(A) NAME OF PERSON: DANIEL CLARK, SR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF KEY EMPLOYEE, DANIEL CLARK JR

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: ERIN RAE DONALDSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: JANNA NOONAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF KEY EMPLOYEE, KIRK NOONAN

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: JON FRENCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER-IN-LAW OF KEY EMPLOYEE, DANIEL CLARK JR

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: BONNIE MILLS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF BOARD MEMBER, OSSIE MILLS

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: RICK WAGGONER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

NEPHEW OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: MATT METZGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NEPHEW OF CEO, HAL DONALDSON

(C) AMOUNT OF TRANSACTION \$ 82,194.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LISA RICH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF KEY EMPLOYEE, RANDY RICH

(C) AMOUNT OF TRANSACTION \$ 45,886.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUSAN FLESSING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF CCO, ROGER FLESSING

(C) AMOUNT OF TRANSACTION \$ 67,314.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOSH PAGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF KEY EMPLOYEE, KIMARIE PAGE

(C) AMOUNT OF TRANSACTION \$ 51,403.

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AMY DURKALSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF BOARD MEMBER, COURT DURKALSKI

(C) AMOUNT OF TRANSACTION \$ 11,249.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RHETT NOONAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF KEY EMPLOYEE, KIRK NOONAN

(C) AMOUNT OF TRANSACTION \$ 40,070.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		799,836.	FMV
5	Clothing and household goods	X		22,962,071.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	42	1,342,613.	FMV
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	3,988	212,852,942.	FMV
20	Drugs and medical supplies	X	31	47,253,823.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

CONVOY OF HOPE

Employer identification number

68-0051386

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, EL SALVADOR, AUSTRALIA, NICARAGUA,

PHILIPPINES, TANZANIA, BURKINA FASO

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS MR. DONALDSON, MR. BOUCHER, MS. TOUNGER, MR. HURST, MR. MILLS

AND MR. COREY HAVE A FAMILY RELATIONSHIP.

KEY EMPLOYEES RICK WAGGONER AND DANIEL CLARK HAVE A BUSINESS RELATIONSHIP.

MS. LOGSDON, MR. CRIBBS, MR. CARTER, MR. WICKRAMARATNE HAVE A BUSINESS

RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

CONTINUING TO MAINTAIN ITS' STATUS AS A 501C3 PUBLIC CHARITY, CONVOY OF

HOPE ALSO RECEIVED AN ADDITIONAL DESIGNATION, FROM THE IRS IN 2020, AS AN

ASSOCIATION OF CHURCHES.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE

AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE FINANCE

DEPARTMENT OF THE ORGANIZATION. THE DRAFT OF THE 990 IS REVIEWED AND

DISCUSSED BY THE ORGANIZATION'S AUDIT COMMITTEE. COPIES OF THE FINAL FORM

990 ARE EMAILED TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. IN THE

EVENT THE ORGANIZATION IS UNABLE TO PROVIDE THE FORMS PRIOR TO FILING,

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

Schedule O (Form 990 or 990-EZ) 2020

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

COPIES ARE PROVIDED TO BOARD MEMBERS AS SOON AS POSSIBLE. BOARD MEMBERS ARE
 ASKED TO REVIEW THE RETURN INDIVIDUALLY AND TO CONTACT THE PREPARER, OTHER
 BOARD MEMBERS, AND/OR EXECUTIVE OFFICERS WITH ANY QUESTIONS OR CONCERNS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH DECISION MAKER (E.G. DIRECTORS, OFFICERS, AND OTHER
 EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION OR ITS BOARD,
 OR MAKE COMMITMENTS ON THEIR BEHALF) IS REQUIRED TO COMPLETE THE ANNUAL
 CONFLICTS OF INTEREST QUESTIONNAIRE CONFIRMING THAT ALL CONFLICTS AND
 POTENTIAL CONFLICTS EXISTING DURING THE PRIOR YEAR, OR CURRENTLY EXISTING,
 HAVE BEEN DISCLOSED. THE ORGANIZATION'S FINANCE/COMPLIANCE DEPARTMENT
 COMPILES, SUMMARIZES, AND REPORTS ON THE TOTAL CONFLICT OF INTEREST
 QUESTIONNAIRES ISSUED AND COMPLETED, AS WELL AS A SUMMARY OF POSSIBLE
 CONFLICTS. THE REPORTING IS REVIEWED BY THE ORGANIZATION'S PRESIDENT AND
 BOARD CHAIRMAN TO DETERMINE WHETHER THE REPORTED TRANSACTION AND/OR OTHER
 CONFLICTING RELATIONSHIP IS JUST, FAIR, AND REASONABLE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR ALL OTHER MANAGEMENT AND STAFF LEVEL EMPLOYEES IS APPROVED
 BY THE COO/SENIOR VP IN CONJUNCTION WITH HUMAN RESOURCE DEPARTMENT. THE
 ORGANIZATION DOCUMENTS THE BASIS FOR ITS EXECUTIVE COMPENSATION
 DETERMINATIONS IN THE ORGANIZATION'S MINUTES AND OTHER INTERNAL DOCUMENTS,
 WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE
 REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS. THE COMPENSATION
 COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF EXECUTIVE AND INTERESTED
 PERSON. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS EXECUTIVE COMPENSATION
 DETERMINATIONS IN THE ORGANIZATION'S MINUTES AND OTHER INTERNAL DOCUMENTS,
 WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE

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

REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CO, CT, KY, LA, MD, MA, MI, MN, MS, NH, NY, NC, ND, PA, SC, TN, VA, WA, WV, WI, AL

DC, GA, HI, ID, IL, IN, IA, KS, ME, MT, NE, NV, NJ, NM, OH, OK, OR, RI, SD, TX, UT, VT, WY

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, FORMS 990 AND 990-T ARE POSTED ON THE

ORGANIZATIONS WEBSITE. THE FORM 1023, CONFLICT OF INTEREST POLICY AND OTHER

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

FORM 990 PART VI LINE 4

CONTINUING TO MAINTAIN ITS' STATUS AS A 501C3 PUBLIC CHARITY, CONVOY OF

HOPE ALSO RECEIVED AN ADDITIONAL DESIGNATION, FROM THE IRS IN 2020, AS

AN ASSOCIATION OF CHURCHES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align: center;">CONVOY OF HOPE</p>	Employer identification number <p style="text-align: center;">68-0051386</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASPER COH INVESTMENT HOLDINGS, LLC - 30-0756967, 330 S PATTERSON AVE, SPRINGFIELD, MO 65802	INVESTMENTS	DELAWARE	1,501,175.	1,866,093.	COH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CONVOY OF HOPE FOUNDATION - 46-2845781 330 S PATTERSON AVE SPRINGFIELD, MO 65802	SUPPORT	DELAWARE	501(C)(3)	LINE 12A, I	CONVOY OF HOPE	X	
COH CORPORATION - 46-2840126 331 S PATTERSON AVE SPRINGFIELD, MO 65802	SUPPORT	DELAWARE	501(C)(3)	LINE 12A, I	CONVOY OF HOPE	X	

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n	X	
1o	X	
1p		X
1q		X
1r	X	
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONVOY OF HOPE FOUNDATION	B	2,466,743.	CASH AMOUNT
(2) CONVOY OF HOPE FOUNDATION	C	193,501.	CASH AMOUNT
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.