

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CONVOY OF HOPE</b>		<b>D</b> Employer identification number <b>68-0051386</b>
	Doing business as		<b>E</b> Telephone number <b>417-823-8998</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>450,403,198.</b>
	<b>1 CONVOY DRIVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD, MO 65802</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>HAL DONALDSON</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CONVOYOFHOPE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1984</b>
			<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RESPONDING TO THE NEEDS OF THE IMPOVERISHED AND SUFFERING.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>284</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>49985</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>360,166,373.</b>	Current Year <b>428,359,924.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,838,938.</b>	<b>6,229,222.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-783.</b>	<b>1,003,123.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>365,004,528.</b>	<b>435,592,269.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>305,190,321.</b>	<b>318,569,672.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>21,138,097.</b>	<b>24,991,237.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,884,959.</b>	<b>1,640,070.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>19,970,888.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>11,534,815.</b>	<b>19,298,995.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>342,748,192.</b>	<b>364,499,974.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>22,256,336.</b>	<b>71,092,295.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>104,351,367.</b>	End of Year <b>160,236,151.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>20,364,269.</b>	<b>4,358,717.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>83,987,098.</b>	<b>155,877,434.</b>

**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 <b>10/17/22</b>
	<b>KREGG HOOD, CHIEF BUSINESS OFFICER</b>	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <b>GREG SULLIVAN</b>	Preparer's signature <b>GREG SULLIVAN</b>	Date <b>10/17/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01259107</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>	Firm's address ▶ <b>12721 METCALF AVENUE, SUITE 104 OVERLAND PARK, KS 66213</b>		
	Phone no. (913) 491-6655				

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 91,200,155. including grants of \$ 81,315,280. ) (Revenue \$ ) 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.

4b (Code: ) (Expenses \$ 193,866,819. including grants of \$ 190,627,248. ) (Revenue \$ ) 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 LOADS TO OVER 158 ORGANIZATIONAL PARTNERS AROUND THE WORLD.

4c (Code: ) (Expenses \$ 48,090,706. including grants of \$ 44,768,447. ) (Revenue \$ ) 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. THE ORGANIZATION HAS A TRACK RECORD OF QUICKLY AND EFFECTIVELY PROVIDING 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 333,157,680.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....	<b>X</b>	
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....	<b>X</b>	
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> See instructions .....	<b>X</b>	
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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 17 regarding employee counts, tax returns, 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... 11; 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 on 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 on 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; 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? X

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 KREGG HOOD - 417-823-8998
1 CONVOY DRIVE, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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/CEO	40.00			X			390,607.	0.	76,748.	
(2) KEITH BOUCHER SR VICE PRESIDENT/ECOS	40.00			X			275,151.	0.	45,567.	
(3) DANIEL CLARK JR VICE PRESIDENT - PARTNER DEVELOPMENT	40.00					X	226,672.	0.	90,935.	
(4) RICK WAGGONER SR VICE PRESIDENT/CDO	40.00				X		288,833.	0.	23,566.	
(5) BRAD ROSENBERG SR VICE PRESIDENT/CPO	40.00				X		187,007.	0.	71,432.	
(6) ED GARVIN VICE PRESIDENT - NETWORKS	40.00				X		236,418.	0.	18,966.	
(7) KREGG HOOD SR VICE PRESIDENT/CBO	40.00			X			230,448.	0.	15,922.	
(8) DAVID ROGERS VICE PRESIDENT - PARTNER RELATIONS	40.00					X	203,285.	0.	24,768.	
(9) ERICK MEIER VICE PRESIDENT - SUPPLY CHAIN	40.00					X	185,471.	0.	23,848.	
(10) KIMARIE PAGE VICE PRESIDENT - DEVELOPMENT RESOURC	40.00					X	177,853.	0.	20,166.	
(11) ROGER FLESSING SR VICE PRESIDENT/CCO	40.00				X		170,716.	0.	19,087.	
(12) DOREE DONALDSON VICE PRESIDENT - CONVOY WOMEN	40.00					X	165,318.	0.	0.	
(13) JUNE MIDDLETON SR VICE PRESIDENT/CFO	40.00			X			103,060.	0.	22,657.	
(14) BRAD TRASK TREASURER	1.00	X		X			36,000.	0.	0.	
(15) AARON COLE CHAIRMAN	1.00	X		X			30,000.	0.	0.	
(16) TEVLIN JEFFERIES SECRETARY	1.00	X		X			26,050.	0.	0.	
(17) SAM HUDDLESTON BOARD OF DIRECTORS	1.00	X					13,000.	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHERYL JAMISON BOARD OF DIRECTORS	1.00	X						3,000.	0.	0.
(19) COURT DURKALSKI VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(20) DOMINICK GARCIA BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(21) TOM CARTER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(22) LINDSAY HOWARD BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(23) RANDY HURST BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(24) KLAYTON KO BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(25) RICH NATHAN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(26) KIRK YAMAGUCHI BOARD OF DIRECTORS	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,948,889.	0.	453,662.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,948,889.	0.	453,662.

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 **40**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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	12,018,848.
RESOLUTION INC, 5620 TCHOUPITOULAS ST, NEW ORLEANS, LA 70115	INTERNATIONAL FREIGHT	3,056,517.
RITZ-CARLTON HOTEL 1 RITZ-CARLTON DRIVE, LAHANIA, HI 96761	HOSPITALITY SERVICES	1,658,758.
MEDLEY MATERIAL HANDLING COMPANY, P.O. BOX 2588, 1 SECTION 345, OKLAHOMA CITY, OK	MATERIAL HANDLING	1,428,418.
WESTFALL GROUP, INC PO BOX 81712, ATLANTA, GA 30366	FUNDRAISING	1,300,344.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS





**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	649,018.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,753,308.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	423,957,598.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 314,720,159.				
	<b>h Total.</b> Add lines 1a-1f .....		428359924.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,079,157.			1079157.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	301,439.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	301,439.				
	<b>d</b> Net rental income or (loss) .....		301,439.			301,439.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	17,034,907.	2926087.		
			(ii) Other				
				17,031,242.	-2220313.		
				3,665.	5146400.		
<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
<b>c</b> Gain or (loss) .....	<b>7c</b>						
<b>d</b> Net gain or (loss) .....		5,150,065.			5150065.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		48,347.				
			0.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....		48,347.			48,347.		
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	413,749.		413,749.	
	<b>b</b> MISSIONARY PARTNERS REVENUE		480000	239,588.		239,588.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			653,337.			
<b>12 Total revenue.</b> See instructions .....			435592269.	0.	0.	7232345.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	266,134,575.	266,134,575.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	52,435,097.	52,435,097.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,695,092.	1,433,719.	800,879.	1,460,494.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	16,373,600.	6,353,061.	3,548,835.	6,471,704.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	677,097.	262,718.	146,755.	267,624.
<b>9</b> Other employee benefits	3,194,883.	1,239,635.	692,463.	1,262,785.
<b>10</b> Payroll taxes	1,050,565.	407,626.	227,701.	415,238.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	82,487.	4,009.	18,407.	60,071.
<b>c</b> Accounting	75,337.	3,661.	16,812.	54,864.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	1,640,070.			1,640,070.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,058,004.	729,633.	1,749,884.	578,487.
<b>12</b> Advertising and promotion	454,291.	40,840.	14,298.	399,153.
<b>13</b> Office expenses	1,131,112.	392,683.	449,928.	288,501.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,136,975.	324,768.	788,063.	24,144.
<b>17</b> Travel	7,277,545.	1,002,921.	559,901.	5,714,723.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	113,619.		113,619.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,254,445.	833,250.	371,902.	49,293.
<b>23</b> Insurance	831,063.	68,013.	760,437.	2,613.
<b>24</b> 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.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	1,067,329.	831,547.	234,660.	1,122.
<b>b</b> <b>MISCELLANEOUS</b>	952,027.	54,147.	421,979.	475,901.
<b>c</b> <b>EQUIPMENT, TOOLS AND RE</b>	620,748.	256,404.	220,192.	144,152.
<b>d</b> <b>PRINTING AND PUBLICATIO</b>	560,852.	30,982.	63,223.	466,647.
<b>e</b> All other expenses	683,161.	318,391.	171,468.	193,302.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	364,499,974.	333,157,680.	11,371,406.	19,970,888.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	23,816,462.	<b>1</b>	11,599,400.
	<b>2</b> Savings and temporary cash investments .....	31,364,158.	<b>2</b>	5,109,227.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	444,487.	<b>4</b>	705,098.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	12,462,788.	<b>8</b>	30,110,871.
	<b>9</b> Prepaid expenses and deferred charges .....	2,341,382.	<b>9</b>	2,475,166.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,089,468.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,033,628.		
	<b>11</b> Investments - publicly traded securities .....	18,135,035.	<b>10c</b>	29,055,840.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,243,426.	<b>11</b>	80,064,750.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	400,000.	<b>12</b>	900,000.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	143,629.	<b>14</b>	215,799.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	104,351,367.	<b>15</b>	160,236,151.	
<b>17</b> Accounts payable and accrued expenses .....	5,510,346.	<b>16</b>	160,236,151.	
<b>18</b> Grants payable .....		<b>17</b>	2,768,473.	
<b>19</b> Deferred revenue .....	6,979,672.	<b>18</b>	1,590,244.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,874,251.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	20,364,269.	<b>25</b>	4,358,717.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>28</b> Net assets without donor restrictions .....	79,704,430.	<b>27</b>	145,877,175.	
<b>29</b> Net assets with donor restrictions .....	4,282,668.	<b>28</b>	10,000,259.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	83,987,098.	<b>32</b>	155,877,434.	
<b>35</b> Total liabilities and net assets/fund balances .....	104,351,367.	<b>33</b>	160,236,151.	

**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	435,592,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	364,499,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	71,092,295.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,987,098.
5	Net unrealized gains (losses) on investments	5	712,935.
6	Donated services and use of facilities	6	85,106.
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	155,877,434.

**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 on 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 (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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).)
- 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 on 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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	174930532	176728792	195618561	360166373	428359924	1335804182.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	174930532	176728792	195618561	360166373	428359924	1335804182.
<b>5</b> 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) .....						88658109.
<b>6 Public support.</b> Subtract line 5 from line 4.						1247146073.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	174930532	176728792	195618561	360166373	428359924	1335804182.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	91,476.	807,210.	1084690.	1682721.	1380596.	5046693.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	298,064.					298,064.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	517,007.	834,965.	567,985.	646,628.	701,684.	3268269.
<b>11 Total support.</b> Add lines 7 through 10						1344417208.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.76 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	96.17 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 on 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.

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 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 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 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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

2017 AMOUNT: \$ 517,007.

2018 AMOUNT: \$ 834,965.

2019 AMOUNT: \$ 567,985.

2020 AMOUNT: \$ 646,628.

2021 AMOUNT: \$ 653,337.

SALE OF MERCHANDISE

2021 AMOUNT: \$ 48,347.

SCHEDULE A, PART I

CONVOY OF HOPE'S PUBLIC CHARITY STATUS IS CLASSIFIED AS AN ASSOCIATION OF CHURCHES (IRS SECTION 170(B)(1)(A)(I)). CONVOY OF HOPE HAS SELECTED SCHEDULE A, PART I, BOX 7 RATHER THAN BOX 1 SINCE THE ORGANIZATION CONTINUES TO BE RECEIVE A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization <b>CONVOY OF HOPE</b>	Employer identification number <b>68-0051386</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>12,270,986.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>19,549,217.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>33,027,522.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>31,540,194.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>11,948,917.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>73,303,041.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>CONVOY OF HOPE</b>	Employer identification number <b>68-0051386</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>15,451,083.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>11,888,064.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CONVOY OF HOPE</b>	Employer identification number  <b>68-0051386</b>
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**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	FOOD & SUPPLIES _____ _____ _____	\$ <u>12,270,986.</u>	<u>12/31/21</u>
3	FOOD & SUPPLIES _____ _____ _____	\$ <u>33,027,522.</u>	<u>12/31/21</u>
4	FOOD & SUPPLIES _____ _____ _____	\$ <u>31,540,194.</u>	<u>12/31/21</u>
5	FOOD & SUPPLIES _____ _____ _____	\$ <u>11,948,917.</u>	<u>12/31/21</u>
6	FOOD & SUPPLIES _____ _____ _____	\$ <u>73,303,041.</u>	<u>12/31/21</u>
7	FOOD & SUPPLIES _____ _____ _____	\$ <u>15,451,083.</u>	<u>12/31/21</u>

Name of organization <b>CONVOY OF HOPE</b>	Employer identification number <b>68-0051386</b>
---	---

**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	FOOD & SUPPLIES _____ _____ _____	\$ <u>11,888,064.</u>	<u>12/31/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>CONVOY OF HOPE</b>	Employer identification number <b>68-0051386</b>
---	---

**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

(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

(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

(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

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

2021

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (X) Yes, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (X) Yes.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	173,514.	162,217.	142,146.	150,408.	133,847.
b Contributions					
c Net investment earnings, gains, and losses	47,282.	11,297.	20,071.	-8,262.	16,561.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	23,433.				
g End of year balance	197,363.	173,514.	162,217.	142,146.	150,408.

- 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  %
  - c Term endowment  %
- 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   | <input checked="" type="checkbox"/> |                                     |
| (ii) Related organizations  |                                     | <input checked="" type="checkbox"/> |
| 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		7,389,179.		7,389,179.
b Buildings		17,406,256.	793,493.	16,612,763.
c Leasehold improvements				
d Equipment		10,982,239.	7,240,135.	3,742,104.
e Other		1,311,794.		1,311,794.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>29,055,840.</b>

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

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

**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.

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

**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.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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	82	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	63,210,929.
CENTRAL AMERICA & CARIBBEAN			GRANTS		3,354,463.
CENTRAL AMERICA & CARIBBEAN			DEVELOPMENT		25,036.
EAST ASIA & THE PACIFIC	2	28	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	8,131,722.
EAST ASIA & THE PACIFIC			GRANTS		124,000.
EUROPE	1	8	PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT, SPIRITUAL EMPHASIS	615,246.
EUROPE			GRANTS		605,677.
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES		1,890,927.
<b>3 a Subtotal</b> .....	6	118			77,958,000.
<b>b Total from continuation sheets to Part I</b> .....	2	13			12,176,370.
<b>c Totals</b> (add lines 3a and 3b) .....	8	131			90,134,370.

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

Schedule F (Form 990) 2021

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
MIDDLE EAST & NORTH AFRICA			GRANTS		882,705.
RUSSIA & NEIGHBORING STATES			PROGRAM SERVICES	OUTREACH, REFUGEE RESPONSE, DEVELOPMENT	2,124.
RUSSIA & NEIGHBORING STATES			GRANTS		62,622.
RUSSIA & NEIGHBORING STATES			DEVELOPMENT		2,672.
SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF	692,712.
SOUTH AMERICA			GRANTS		282,203.
SOUTH AMERICA			DEVELOPMENT		5,826.
SOUTH ASIA			PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, DISASTER RELIEF	10,433.
SOUTH ASIA			GRANTS		1,561,608.
SUB-SAHARAN AFRICA	2	13	PROGRAM SERVICES	DEVELOPMENT/FEEDING, AGRICULTURE, WOMEN'S EMPOWERMENT, DISASTER RELIEF, SPIRITUAL	6,783,864.
<b>Totals</b> .....					

**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
SUB-SAHARAN AFRICA			GRANTS		1,883,503.
NORTH AMERICA			GRANTS	DISASTER RESPONSE	1,075.
NORTH AMERICA			DEVELOPMENT		5,023.
<b>Totals</b> .....	2	13			12,176,370.

**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	1444895.	WIRE	43760812	FOOD & SUPPLIES	FMV
		EAST ASIA & THE PACIFIC	PROGRAM PARTNER	80,000.	WIRE	465,265.	FOOD & SUPPLIES	FMV
		EUROPE	PROGRAM PARTNER	504,251.	WIRE	94,694.	FOOD & SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	PROGRAM PARTNER	25,000.	WIRE	985,063.	N/A	N/A
		NORTH AMERICA	PROGRAM PARTNER	0.	N/A	472,399.	FOOD & SUPPLIES	FMV
		SOUTH AMERICA	PROGRAM PARTNER	232,203.	WIRE	58,929.	FOOD & SUPPLIES	FMV
		SOUTH ASIA	PROGRAM PARTNER	754,500.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM PARTNER	759,623.	WIRE	2797463.	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 ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_



**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)**

**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.

**2021**

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](http://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			
BBS & ASSOCIATES - 130 SPRINGSIDE DRIVE SUITE 200, WESTFALL GROUP - 75 14TH ST NE, ATLANTA, GA 30309	FUNDRAISING CONSULTANT		X	1,642,304.	150,180.	1,492,124.
THE FOCUS GROUP - 521 A1A BEACH BLVD, ST AUGUSTINE, FL	FUNDRAISING CONSULTANT		X	0.	1,300,343.	0.
			X	0.	73,500.	0.
<b>Total</b>				1,642,304.	1,524,023.	1,492,124.

- 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
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))
		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: BBS & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 130 SPRINGSIDE DRIVE SUITE 200, AKRON, OH 44333

(I) NAME OF FUNDRAISER: THE FOCUS GROUP

(I) ADDRESS OF FUNDRAISER: 521 A1A BEACH BLVD, ST AUGUSTINE, FL 32080

**Part IV** Supplemental Information *(continued)*

Lined area 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1ST AG DESLOGE 6108 EAST OUTER ROAD DESLOGE, MO 63601	26-4361786	501(C)(3)	0.	74,250.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
21 REASONS TO GIVE 3958 SHIRLEY DRIVE ATLANTA, GA 30336	27-1168608	501(C)(3)	0.	2,275,762.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
4B RESPONSE 2700 TEXAS AVE TEXAS CITY, TX 77590	82-3366754	501(C)(3)	0.	30,944.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
A CAN CAN MAKE A DIFFERENCE 1607 CROMWELL BRIDGE ROAD BALTIMORE, MD 21234	52-1758039	501(C)(3)	0.	168,752.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
A NEW LIFE MINISTRIES 100 ASHLEY MAY ST. WAYNESVILLE, MO 65583	27-4596353	501(C)(3)	0.	29,227.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ACTS OF SERVICE 3010 EAST BATTLEFIELD SPRINGFIELD, MO 65804	86-2213716	501(C)(3)	0.	781,375.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 237.

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

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

**Schedule I (Form 990) 2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN ASSOC OF GEORGIA INC. - PO BOX 52685 - ATLANTA, GA 30355	37-1426340	501(C)(3)	0.	1,449,960.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ASAMBLEAS DE DIOS DISTRICTO DE PR URBANIZACION SANTA MONICA CALLE 6A BAYAMON, PR 00959	66-0428649	501(C)(3)	0.	352,780.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ASSEMBLIES OF GOD US MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	55,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
ASSEMBLIES OF GOD WORLD MISSIONS 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	1,083,076.	0.	FMV	N/A	PROGRAM FULLFILLMENT
ASSOCIATION OF EVANGELICAL CHURCHES - P.O. BOX 23269 - WASHINGTON, DC 20026	53-0218653	501(C)(3)	0.	87,871.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BARNABAS FOUNDATION INC 901 TEAS TRAIL 2060 PURDY, MO 65734	43-1700240	501(C)(3)	0.	23,864.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BAYOU RECOVERY PROJECT 8270 HEMLEY ST. BAYOU LA BATRE, AL 36509	43-2107455	501(C)(3)	0.	17,272.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BAYSIDE COMMUNITY CHURCH OF SARASOTA INC. - 15800 E. STATE ROAD 64 - BRADENTON, FL 34212-9203	04-3648411	501(C)(3)	64,984.	0.	FMV	N/A	PROGRAM FULLFILLMENT
BETHANY CHURCH - WASHINGTON, NJ 605 PASCACK ROAD WASHINGTON TWP, NJ 07676	22-2392611	501(C)(3)	0.	30,944.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL A/G - SEDALIA 1201 N. WILLIAM PARKHURST DR SEDALIA, MO 65301	71-0920732	501(C)(3)	0.	42,030.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BETHEL LIFE CENTER ASSEMBLY OF GOD 3777 S MERIDIAN AVE WICHITA, KS 67217	44-0577787	501(C)(3)	0.	25,606.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BETHESDA MISSION 5 PLEASANT VIEW DR. MECHANICSBURG, PA 17050	23-1389397	501(C)(3)	0.	1,035,099.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BLESSMAN INTERNATIONAL 2557 106TH ST URBANDALE, IA 50322-3766	42-1523757	501(C)(3)	10,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
BOIS D' ARC UMC 10463 W. HIGHWAY T BOIS D'ARC, MO 65612	44-0014348	501(C)(3)	0.	7,598.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BOURBON FIRST A/G PO BOX 157 BOURBON, MO 65441	43-1269342	501(C)(3)	0.	27,108.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BOWMAN PENTECOSTAL CHURCH 143 BOWMAN CHURCH LN BLU EYE, MO 65611	83-0985983	501(C)(3)	0.	50,059.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BRANSON FIRST A/G 399 SUNRISE COVE BRANSON, MO 65616	46-1628976	501(C)(3)	0.	24,797.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE 305 W. CLAY AVE. PLATTSBURG, MO 64477	37-1765735	501(C)(3)	0.	13,812.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF LIFE FELLOWSHIP 532 N. BLUFORD AVE OCOEE, FL 34761	59-3166797	501(C)(3)	0.	115,620.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE MINISTRY INC 13188 SPURGEON RD. BOX 12 LYNNVILLE, IN 47619	35-1672783	501(C)(3)	0.	1,487,983.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BREAD OF LIFE OUTREACH/ NEWPORT AG 35 N FRONT STREET NEWPORT, PA 17074	23-1988339	501(C)(3)	0.	2,979,329.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BRIDGE OF FAITH 296 LAKE ST ROCKAWAY BEACH, MO 65740	20-8112523	501(C)(3)	0.	38,269.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BRIDGING THE GAPS OF AR 4425 JEFFERSON AVE TEXARKANA, AR 71854	46-4129856	501(C)(3)	0.	53,263.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BROOKHAVEN FIRST ASSEMBLY OF GOD 226 N 2ND ST BROOKHAVEN, MS 39601	64-0650976	501(C)(3)	0.	25,219.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BROWNSVILLE TEEN CENTER 1434 E SAN BARCELO BLVD BROWNSVILLE, TX 78526	31-1662809	501(C)(3)	0.	2,060,873.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
BUCKLIN A/G 96 S LIVINGSTON ST BUCKLIN, MO 64631	43-1348081	501(C)(3)	0.	304,921.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
C2 CHURCH 3300 S PROVIDENCE RD COLUMBIA, MO 65203	43-6118227	501(C)(3)	0.	16,486.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALCUTTA MERCY MINISTRIES PO BOX S GRIFFIN, GA 30224	20-3432133	501(C)(3)	25,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
CALVARY CHRISTIAN ASSEMBLY OF GOD 9048 W. STATE HWY 266 SPRINGFIELD, MO 65802	43-1509418	501(C)(3)	0.	28,116.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CALVARY CHURCH OF FORT WORTH 700 MCPHERSON RD. FORT WORTH, TX 76140	75-1750890	501(C)(3)	0.	17,562.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CAMP POW WOW (SOUTHERN MO DISTRICT COUNCIL OF THE AG) - 742 HWY Y - ELDON, MO 65026	44-6000911	501(C)(3)	0.	7,128.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CAPITOL COMMISSION, INC. 2600 FAIRVIEW RD RALEIGHT, NC 27608	27-1085525	501(C)(3)	10,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
CARING FOR FRIENDS 12271 TOWNSEND RD. BRYN MAWR, PA 19154	23-2072722	501(C)(3)	0.	213,311.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CARL DUFF MINISTRIES 112 ELM STREET SULLIVAN, MO 63080	82-2326604	501(C)(3)	0.	104,164.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CATHOLIC CHARITIES OF SOUTHERN MISSOURI - 424 E MONASTERY ST. - SPRINGFIELD, MO 65807	80-0455890	501(C)(3)	0.	47,515.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CELEBRATE CHURCH 5100 S BELLVIEW ROAD ROGERS, AR 72758	20-2391705	501(C)(3)	0.	12,618.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI ALPHA 940 S. NATIONAL AVE SPRINGFIELD, MO 65804	26-4664370	501(C)(3)	0.	79,551.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CHICKASHA FIRST ASSEMBLY OF GOD 3340 S 16TH CHICKASHA, OK 73018	73-0712267	501(C)(3)	0.	164,716.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CHILDREN'S CUP PO BOX 400 PRARIEVILLE, LA 70769	42-1385361	501(C)(3)	0.	153,965.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CHILDREN'S HUNGER FUND 4940 EISENHAWER ROAD SAN ANTONIO, TX 78218	95-4335462	501(C)(3)	0.	21,418,179.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CITY HELP CENTER (SHORT CREEK) 75 N CENTRAL STREET COLORADO CITY, AZ 86021	86-1001113	501(C)(3)	0.	37,850.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CITY REACH CHURCH 1477 N BROADWAY SPRINGFIELD, MO 65802	81-0972192	501(C)(3)	0.	9,340.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
COLLIER'S COMMUNITY SERVICES INC 145 INDUSTRIAL DRIVE ZEBULON, GA 30295	81-3178672	501(C)(3)	0.	857,746.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CONCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER, CO 80302	27-0035894	501(C)(3)	0.	544,746.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CORNERSTONE CHURCH 16010 ANNAPOLIS ROAD BOWIE, MD 20715	52-2202408	501(C)(3)	0.	34,598.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE MINISTRIES - FIRST AG - FT MYERS - 3220 MARTIN LUTHER KING BLVD - FORT MYERS, FL 33916	59-1613511	501(C)(3)	0.	132,537.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSLINES 615 N GLENSTONE SPRINGFIELD, MO 65802	43-1238022	501(C)(3)	0.	931,998.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSROADS A/G SUNRISE 680 BEACHWOOD DR SUNRISE BEACH, MO 65079	82-5478306	501(C)(3)	0.	44,380.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSROADS ALLIANCE AND MINISTIRES 4800 NW 5TH ST OCALA, FL 34482	84-1651362	501(C)(3)	0.	1,088,125.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSROADS CHURCH 1202 S COMMERCIAL HARRISONVILLE, MO 64701	43-1876692	501(C)(3)	0.	106,741.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CROSSROADS HOLY CHURCH OF GOD 2470 HIGHWAY 196 W HINESVILLE, GA 31313	58-1322003	501(C)(3)	0.	61,887.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
CUMBERLAND FELLOWSHIP 608 WEST AVENUE CROSSVILLE, TN 38555	62-1657183	501(C)(3)	0.	30,944.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
DAYS FOR GIRLS INTERNATIONAL PO BOX 2622 MOUNT VERNON, WA 98273-7622	45-3934671	501(C)(3)	200,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
EBENEZER CHURCH 1795 W FARM RD 56 SPRINGFIELD, MO 65803	90-0635817	501(C)(3)	0.	28,947.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATE LIVES 334 E KEARNEY SPRINGFIELD, MO 65803	81-4490605	501(C)(3)	0.	16,835.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ELLINGTON FIRST A/G 435 COLLEGE ST ELLINGTON, MO 63638	43-1213520	501(C)(3)	0.	114,093.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
EMPOWER ABILITIES 2864 S NETTLETON AVE SPRINGFIELD, MO 65807	43-1383616	501(C)(3)	0.	19,456.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ENCOUNTER AG 1201 N WILLIAM PARKHURST DR SEDALIA, MO 65301	71-0920732	501(C)(3)	0.	122,479.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ENCOUNTER CHURCH 130 E MCCLURE ST KEWANEE, IL 61443	36-3328096	501(C)(3)	0.	55,479.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ENGAGE CHURCH 3338 HIGHWAY 62 W MOUNTAIN HOME, AR 72653	26-1756343	501(C)(3)	0.	27,574.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
EPPS CHURCH OF GOD IN CHRIST 213 LOCUST ST EPPS, LA 71237	74-8106975	501(C)(3)	0.	47,061.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
EUROPEAN AMERICAN ASSOCIATION 2827 W DIVISION ST. CHICAGO, IL 60622	36-3745071	501(C)(3)	0.	8,640.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)	2,500,000.	0.	FMV	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGEL WORSHIP CENTER 2645 PEBBLE HILL RD. MARIANNA, FL 32448	59-3602290	501(C)(3)	0.	304,582.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FAITH ASSEMBLY 7211 EAST 32ND ST JOPLIN, MO 64804	44-0650249	501(C)(3)	0.	85,362.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FAITH COWBOY CHURCH 6108 EASTERN OUTER ROAD DESLOGE, MO 63601	26-4361786	501(C)(3)	0.	731,688.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FARM SHARE INC 14125 SW 320 ST HOMESTEAD, FL 33033	65-0342192	501(C)(3)	0.	84,784.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FEED AMERICA FIRST 319 MURFREESBORO ST. MURFREESBORO, TN 37127	62-1821057	501(C)(3)	0.	1,039,517.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433-5822	41-1601449	501(C)(3)	272,100.	0.	FMV	N/A	PROGRAM FULLFILLMENT
FEED THE CHILDREN 333 N MERIDIAN AVE OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	0.	5,120,940.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FEED THE HUNGRY 530 E IRELAND RD SOUTH BEND, IN 46614	32-0053249	501(C)(3)	0.	1,912,060.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST A/G - CUSHMAN 285 COLLIETOWN CUSHMAN, AR 72501	71-0536918	501(C)(3)	0.	18,855.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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FIRST A/G FORT KENT, ME 564 FRENCHVILLE RD FORT KENT, ME 04743	01-0387268	501(C)(3)	0.	8,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST A/G FREDERICKTOWN 305 FRANKLIN ST FREDERICKTOWN, MO 63645	43-1271483	501(C)(3)	0.	42,730.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST A/G MUNFORD 220 BEAVER RD MUNFORD, TN 38058	62-1541209	501(C)(3)	0.	16,652.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST AG - GARDEN CITY, KS 702 CAMPUS DR GARDEN CITY, KS 67846	48-0832222	501(C)(3)	0.	136,491.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST AG WRIGHTSVILLE 86 LAKESIDE DR WRIGHTSVILLE, GA 31096	58-1717126	501(C)(3)	0.	71,150.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD 1245 PARK AVENUE BAXTER SPRINGS, KS 66713	48-0944359	501(C)(3)	0.	27,651.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD NORTH LITTLE ROCK - 4501 BURROW DRIVE - NORTH LITTLE ROCK, AR 72116	71-0245473	501(C)(3)	0.	36,114.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD ST ROBERT 919 Z HIGHWAY ST ROBERT, MO 65584-4652	43-1112313	501(C)(3)	0.	14,014.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST ASSEMBLY OF GOD ST ROBERT 919 Z HIGHWAY ST ROBERT, MO 65584	43-1112313	501(C)(3)	0.	33,155.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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FIRST ASSEMBLY OF GOD, PERRY FL 828 W JULIA ST. PERRY, FL 32347	59-2592564	501(C)(3)	0.	145,561.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST BAPTIST CHURCH OF THE OZARKS 1420 W. SKYLINE OZARK, MO 65721	43-1255236	501(C)(3)	0.	56,471.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST BAPTIST CHURCH OZARK 1400 W JACKSON OZARK, MO 65721	43-1255236	501(C)(3)	0.	102,230.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST BAPTIST CHURCH PRINCETON 1308 E MAIN ST PRINCETON, MO 64673	44-0667752	501(C)(3)	0.	149,997.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FIRST BAPTIST CHURCH- WEBBER FALLS 120 MCCORKLE STREET WEBBERS FALLS, OK 74470	73-1205603	501(C)(3)	0.	37,022.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FLAG CHURCH 1701 S HOMER ST PITTSBURG, KS 66762	43-1916708	501(C)(3)	0.	41,126.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FORDYCE 1ST A/G PO BOX 538 FORDYCE, AR 71742	23-7398691	501(C)(3)	0.	16,939.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FOUNTAIN OF HOPE 829 HOLLYWOOD ROAD ATLANTA, GA 30318	26-3951956	501(C)(3)	0.	12,260,705.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FREDERICKTOWN FIRST AG 305 FRANKLIN ST FREDERICKTOWN FREDERICKTOWN, MO 63645	43-1271483	501(C)(3)	0.	131,464.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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FREEWAY MINISTRIES 1111 WEST KEARNEY ST SPRINGFIELD, MO 65803	46-0967360	501(C)(3)	0.	94,722.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
FRIENDSHIP A/G 1771 HWY 163 JONESBORO, AR 72404	71-0567475	501(C)(3)	0.	51,045.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GALLOWAY FULL GOSPEL CHURCH / MIDTOWN RECOVERY - 3357 WEST FARM ROAD 146 - SPRINGFIELD, MO 65807	43-1636565	501(C)(3)	0.	9,845.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GLEANINGS FOR THE HUNGRY 430229 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)(3)	0.	211,145.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GOODNESS OUTREACH DEPOT 3401 N SYLVANIA AVE FORT WORTH, TX 76111	68-0512138	501(C)(3)	0.	18,690,442.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GOODNESS OUTREACH DEPOT, NY 1430 CLINTON ST BUFFALO, NY 14206	68-0512138	501(C)(3)	0.	7,322.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GRACE COMMUNITY CHURCH 3101 GRETNA RD BRANSON, MO 65616	46-0527443	501(C)(3)	0.	13,069.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GULF COAST VETERANS ADVOCACY COUNCIL INC. - 1603 N 58TH AVE - PENSACOLA, FL 32506	80-0366346	501(C)(3)	0.	51,777.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
GUTS CHURCH 9120 EAST BROKEN ARROW EXP TULSA, OK 74145	73-1361025	501(C)(3)	0.	636,606.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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HANDS OF HOPE OF IL 1268 IMPERIAL AVE HAMPTON, IA 50441	26-0643414	501(C)(3)	0.	2,185,299.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HARTMAN UNITED METHODIST 200 MAIN ST HARTMAN, AR 72840	45-4386421	501(C)(3)	0.	18,367.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HEARTS OF LIFE 98 GEORGE P HASSET DR. MEDFORD, MA 02155	82-1004928	501(C)(3)	0.	381,818.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HEAVANS GATEWAY MINISTRIES, INC 9517 SOUTH MAIN STREET JONESBORO, GA 30236	26-4103730	501(C)(3)	0.	48,881.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HICKORY COUNTY C.A.R.E.S 18613 MAIN STREET WHEATLAND, MO 65779	45-3308607	501(C)(3)	0.	12,876.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HOLCOMB ASSEMBLY 208 WASHINGTON HOLCOMB, MO 63852	43-1271358	501(C)(3)	0.	254,820.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HOPE AND ENCOURAGEMENT FOR HUMANITY INC. - 631 1/2 DEPO - BLISSFIELD, MI 49228	20-2676354	501(C)(3)	0.	9,111,505.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HOPE CITY CHURCH 2760 EMMETT ST DALLAS, TX 75211	81-2071580	501(C)(3)	0.	131,951.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
HUMNOKE PENTECOSTAL CHURCH OF GOD 11 JACKSON ST HUMNOKE, AR 72072	71-0573142	501(C)(3)	0.	37,606.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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I SUPPORT THE GIRLS - SW MO 3310 E BERKELEY SPRINGFIELD, MO 65804	81-2163243	501(C)(3)	0.	12,252.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
IBERIA FIRST ASSEMBLY 2244 HIGHWAY 17 IBERIA, MO 65486	43-1273882	501(C)(3)	0.	156,027.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
INDEPENDENCE BAPTIST CHURCH PO BOX 817 RICHLAND, MO 65556	13-5563018	501(C)(3)	0.	50,218.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
INNER CITY OUTREACH 1316 W WEBSTER SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	0.	22,847.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
JACKSON FIRST ASSEMBLY 1027 W FOREST ST JACKSON, TN 38301	62-1099626	501(C)(3)	0.	46,459.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
JAMES RIVER ASSEMBLY 6100 N. 19TH ST OZARK, MO 65721	43-1564676	501(C)(3)	0.	62,860.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
JOPLIN 2ND A/G 402 N SCHIFFERDECKER AVE JOPLIN, MO 64801	43-1266538	501(C)(3)	0.	24,191.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
JOSEPH & CO. 922 G STREET MARYSVILLE, CA 95901	84-2309333	501(C)(3)	0.	5,396,634.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
KIDS ACROSS AMERICA 1429 LAKE SHORE DR BRANSON, MO 65616	43-1348373	501(C)(3)	0.	90,156.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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LAMAR FIRST ASSEMBLY OF GOD 1200 MILL LAMAR, MO 64759	43-1372817	501(C)(3)	0.	27,685.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LEAST OF THESE 1720 JAMES RIVER ROAD OZARK, MO 65721	43-1867039	501(C)(3)	0.	338,669.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LEBANON, MO FIRST A/G 2601 W ELM ST LEBANON, MO 65536	43-1271275	501(C)(3)	0.	27,009.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LICKING ASSEMBLY OF GOD 217 DORSEY ST LICKING, MO 65542	45-3953186	501(C)(3)	0.	66,818.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFE 360 COMMUNITY SERVICES 1901 E DIVISION SPRINGFIELD, MO 65803	45-2831912	501(C)(3)	0.	1,667,170.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFE CENTER MILWAUKEE 5511 W BURLEIGH ST MILWAUKEE, WI 53210	83-4047025	501(C)(3)	0.	475,533.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFE CHURCH/ HUMANSVILLE 506 W MILL ST HUMANSVILLE, MO 65674	44-0577787	501(C)(3)	0.	48,981.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFE360 COMMUNITY SERVICE 3581 S KANSAS AVE SPRINGFIELD, MO 65807	43-6109754	501(C)(3)	0.	2,719,264.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIFEBRIDGE AG 730 HASTINGS ST MOUNT VERNON, MO 65712	43-1495275	501(C)(3)	0.	6,454.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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LIGHTHOUSE FELLOWSHIP - MILACA 14238 9TH AVE SE MILACA, MN 56353	41-1425779	501(C)(3)	0.	88,493.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIVE LIKE JESUS TODAY MINISTRIES 208 CRAIG STREET ELLINWOOD, KS 67526	81-4978441	501(C)(3)	0.	1,649,807.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LIVING PROOF CHURCH 1207 E NAVASOT A GROESBECK, TX 76642	81-4112238	501(C)(3)	0.	33,364.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LONG ISLAND UNITED METHODIST CHURCH - 554 WASHINGTON STREET - LONG ISLAND, KS 67647	01-0862158	501(C)(3)	0.	162,507.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LOVING LYONS P.O BOX 804 LYONS, GA 30436	85-2944356	501(C)(3)	0.	101,007.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
LUTHERAN FAMILY AN CHILDREN SERVICES - 2130 N. GLENSTONE - SPRINGFIELD, MO 65803	43-0652650	501(C)(3)	0.	7,770.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MARIONVILLE NAZARENE CHURCH 503 S NECESSITY ST MARIONVILLE, MO 65705	43-1237889	501(C)(3)	0.	10,447.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MARIONVILLE, MO A/G 701 E COLLIER MARIONVILLE, MO 65705	43-1271355	501(C)(3)	0.	17,366.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - ARIZONA 725 E BASELINE RD GILBERT, AZ 85233	41-2120170	501(C)(3)	0.	501,498.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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MIDWEST FOOD BANK - BLOOMINGTON 2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501(C)(3)	0.	4,015,808.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - FLORIDA 5601 DIVISION DR. FORT MYERS, FL 33905	41-2120170	501(C)(3)	0.	5,382,903.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - GEORGIA 220 PARKADE COURT PEACHTREE CITY, GA 30269	41-2120170	501(C)(3)	0.	1,136,554.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - INDIANA 6450 S. BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501(C)(3)	0.	1,675,331.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK - PEORIA 9005 N. INDUSTRIAL RD PEORIA, IL 61615	41-2120170	501(C)(3)	0.	1,109,868.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK, PA 2700 COMMERCE DRIVE MIDDLETOWN, PA 17057	41-2120170	501(C)(3)	0.	560,262.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MIDWEST FOOD BANK, TX 209 N TNDUSTRIAL BLVD BEDFORD, TX 76021	41-2120170	501(C)(3)	0.	18,341,979.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MISSION OF HOPE, HAITI PO BOX 720518 OKLAHOMA CITY, OK 73172-0518	13-4207776	501(C)(3)	1,453,260.	28,652,012.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MISSIONARY COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	129,313.	0.	FMV	N/A	PROGRAM FULLFILLMENT

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MOBILE MEDICAL DISASTER RELIEF DBA LIVEBEYOND - PO BOX 128137 - NASHVILLE, TN 37212	30-0345964	501(C)(3)	70,400.	0.	FMV	N/A	PROGRAM FULLFILLMENT
MONARK BAPTIST CHURCH 18472 LINDEN DRIVE NEOSHO, MO 64850	44-0577787	501(C)(3)	0.	1,655,752.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
MONTANA DISTRICT COUNCIL (A/G NETWORK) - 255 SUMMIT RIDGE DR. - KALISPELL, MT 59901	81-0306176	501(C)(3)	0.	179,447.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NAZARENE COMPASSIONATE MINISTRIES, INC. - 17001 PRAIRIE STAR PARKWAY, SUITE 100 - SHAWNEE, KS 66220	43-1550318	501(C)(3)	0.	93,312.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW BEGINNINGS FAMILY CENTER 655 NORTH 10TH ST DECATUR, IN 46733	20-0337311	501(C)(3)	0.	56,078.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW GROWTH MINISTRIES 1351 N. MARION AVE SPRINGFIELD, MO 65802	47-2173434	501(C)(3)	0.	118,123.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW HOPE FREE WILL BAPTIST 9140 E FARM RD 186 ROGERSVILLE, MO 65742	80-0308216	501(C)(3)	0.	5,485.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW LIFE A/G, WOODSTOCK AL 27039 HWY 5 WOODSTOCK, AL 35188	63-0833971	501(C)(3)	0.	135,483.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW LIFE ASSEMBLY OF GOD 2416 N WRIGHT RD JANESVILLE, WI 53546	39-1258325	501(C)(3)	0.	91,670.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT

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NEW LIFE CHURCH 4032 NORTH PARK DR KINGWOOD, TX 77345	86-1147063	501(C)(3)	25,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
NEW LIFE CHURCH WAYNESVILLE, MO (DUPLICATE) - 100 ASHLEY MAY LANE - WAYNESVILLE, MO 65583	27-4596353	501(C)(3)	0.	22,884.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW SEASON PO BOX 246090 SACRAMENTO, CA 95824-6090	82-4406057	501(C)(3)	13,095.	0.	FMV	N/A	PROGRAM FULLFILLMENT
NEW VISIONS CHURCH 179 CHURCH CAMP RD TANEYVILLE, MO 65759	43-1326385	501(C)(3)	0.	148,482.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEW WINE CHRISTIAN FELLOWSHIP 3353, 1929, W AIRLINE HWY LAPLACE, LA 70068	72-1425139	501(C)(3)	0.	189,361.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NEWMAN KAHLON FOUNDATION 12210 MICHIGAN ST STE 13 GRAND TERRACE, CA 92313	83-3172022	501(C)(3)	0.	1,816,480.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NOLA CHURCH 5632 SALMEN STREET NEW ORLEANS, LA 70123	81-3730435	501(C)(3)	0.	5,526.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NORTH CAROLINA ASSEMBLIES OF GOD PO BOX 459 SELMA, NC 27576-0459	56-0810041	501(C)(3)	60,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
NORTH TEXAS A/G 5241 FM 66 WAXAHACHIE, TX 75167	75-6002594	501(C)(3)	0.	46,873.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHIRON CHURCH 910 PALMS AVE ISHPEMING, MI 49849	38-2118028	501(C)(3)	0.	21,183.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NORTHPOINT CHURCH 1362 BRYAN DR NIXA, MO 65714	05-0574634	501(C)(3)	0.	17,010.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
NORTHWEST HARVEST 711 CHERRY STREET SEATTLE, WA 98104	91-0826037	501(C)(3)	0.	683,093.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OACAC 311 S UNION STE2 SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	0.	95,718.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OHIO MINISTRY NETWORK 8405 PULSAR PL COLUMBUS, OH 43240	31-4393340	501(C)(3)	0.	147,433.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ONE DOOR 300 EAST CENTRAL SPRINGFIELD, MO 65802	43-1830026	501(C)(3)	0.	56,185.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPEN ARMS A/G 1103 N FIRST BEEBE, AR 72012	71-0547325	501(C)(3)	0.	15,622.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPEN HEART 1803 NORTH WASHINGTON STREET FARMINGTON, MO 63640	43-1188615	501(C)(3)	0.	277,133.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPERATION BLESSING 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)	0.	156,006.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION COMPASSION 3800 WESTVIEW DRIVE NE CLEVELAND, TN 37312	62-1697490	501(C)(3)	0.	574,476.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
OPERATION LIFT UP 74 JORDAN CIR LOUISVILLE, MS 39339-3475	47-3221272	501(C)(3)	279,515.	0.	FMV	N/A	PROGRAM FULLFILLMENT
OZARKS COMMUNITY ACTION AGENCY 311 S. UNION ST SPRINGFIELD, MO 65802	43-1830026	501(C)(3)	0.	7,309.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
PARIS, AR FIRST A/G 1111 S ELM ST PARIS, AR 72855	71-0514680	501(C)(3)	0.	42,743.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
PEOPLES CITY MISSION 110 Q STREET LINCOLN, NE 68508	47-0723542	501(C)(3)	0.	123,790.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
PETROS NETWORK 6600 SW 92ND AVE STE 140 PORTLAND, OR 97223	45-4131862	501(C)(3)	289,823.	0.	FMV	N/A	PROGRAM FULLFILLMENT
PHOENIX RESCUE MISSION 3440 W LEWIS BUILDING A PHOENIX, AZ 85009	86-6057771	501(C)(3)	0.	62,447.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
RADUS CHRUCH 2121 E COLLEGE WAY MOUNT VERNON, WA 98273	47-5371885	501(C)(3)	0.	35,343.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
RED CROSS - SPRINGFIELD 1545 N WEST BYPASS SPRINGFIELD, MO 65803	53-0196605	501(C)(3)	0.	7,739.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGUE FOUNDATION P.O BOX 1857 BILLINGS, MT 59103	26-3581501	501(C)(3)	24,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
ROCK CHURCH 640 KEMPSVILLE RD VIRGINIA BEACH, VA 23464	54-0884563	501(C)(3)	0.	15,909.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ROD BAKER MINISTRIES 530 W. G STREET JENKS, OK 74037	73-1610281	501(C)(3)	0.	2,257,275.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ROGERSVILLE FIRST AG / RURAL COMPASSION - 201 S MARSHALL ST - ROGERSVILLE, MO 65742	20-0870007	501(C)(3)	0.	24,953.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
ROSE BUD 1ST BAPTIST 5990 AR 36 ROSE BUD, AR 72137	82-0562795	501(C)(3)	0.	5,714.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
RURAL COMPASSION 5517 N FARMER BRANCH RD OZARK, MO 65721	20-0870007	501(C)(3)	0.	418,866.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SAMMY'S WINDOW 509 S. CAVALIER SPRINGFIELD, MO 65802	43-1895965	501(C)(3)	0.	57,031.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SAN ANGELO FIRST AG 1442 EDMUND BLVD SAN ANGELO, TX 76901	75-6175217	501(C)(3)	0.	65,957.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SANDY CHURCH RT 3 BOX 186 AVA, MO 65608	43-6066418	501(C)(3)	0.	9,695.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIL 2864 NETTLETON SPRINGFIELD, MO 65807	43-1383616	501(C)(3)	0.	25,584.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SEEK YE THE WAY OF THE CROSS MINISTRY INC - 224 NORTH F STREET - HARLINGEN, TX 78550	74-2585510	501(C)(3)	0.	29,121,464.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SERVE THE PEOPLE 12065 17TH ST. SANTA ANA, CA 92705	27-0421556	501(C)(3)	0.	2,058,533.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SHIFT MINISTRIES 864 E STONE CREST DR NIXA, MO 65714	46-1152675	501(C)(3)	0.	48,558.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SHILOH D CENTER 2099 THOMAS RD. MEMPHIS, TN 38134	83-0471038	501(C)(3)	0.	168,159.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SIKESTON FIRST ASSEMBLY OF GOD 18 DEMENT SIKESTON, MO 63801	43-0827747	501(C)(3)	0.	91,670.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SILVER CREEK CHURCH 219 SILVER CREEK RD MARQUETTE, MI 49855	38-3032876	501(C)(3)	0.	86,962.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SLING-N-STONES MINISTRIES 407 E BROADWAY STREET BOLIVAR, MO 65613	81-4932265	501(C)(3)	0.	21,582.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SOLID ROCK ASSEMBLY 10750 HIGHWAY 62 WEST VIOLA, AR 72583	44-0577787	501(C)(3)	0.	275,712.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH HILLS COSTA MESA CHURCH 215 BAKER STREET COSTA MESA, CA 92626	95-3222316	501(C)(3)	0.	39,677.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SOUTHERN CRESCENT RESOURCE MINISTRY - 112 PARK WEST DRIVE - MCDONOUGH, GA 30253	58-2097740	501(C)(3)	0.	704,370.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
SOUTHWESTERN ASSEMBLIES OF GOD UNIVERSITY - 1200 SYCAMORE ST. - WAXAHACHIE, TX 75165	75-0891463	501(C)(3)	20,000.	0.	FMV	N/A	PROGRAM FULLFILLMENT
ST LOUIS DREAM CENTER 4324 MARGARETTA AVE ST LOUIS, MO 63115	43-1382734	501(C)(3)	0.	78,775.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
STAR CITY FIRST A/G 306 S JEFFERSON STAR CITY, AR 71667	20-0133783	501(C)(3)	0.	27,618.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TABERNACLE OF GOD MINISTRIES 507 N 9TH AVE DILLON, SC 29536	57-0956069	501(C)(3)	0.	7,393,066.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TENNESSEE MINISTRY NETWORK 2601 GREER RD. GODDLETTSVILLE, TN 37072	62-0793096	501(C)(3)	0.	6,631.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TERREBONNE CHURCHES UNITED FOODBANK - 254 MAGNOLIA STREET - HOUMA, LA 70360	84-2471835	501(C)(3)	0.	844,963.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE CONNECTING GROUNDS 1109 E COMMERCIAL SPRINGFIELD, MO 65803	82-3818094	501(C)(3)	0.	35,093.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GATHERING TREE/EDEN VILLAGE PO BOX 2364 SPRINGFIELD, MO 65801	46-1371575	501(C)(3)	0.	32,074.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE JAMES NETWORK 1312 E 310TH ROAD FLEMINGTON, MO 65650	32-0437714	501(C)(3)	0.	85,676.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE KALEO FOUNDATION 1122 LINWOOD BLVD OKLAHOMA CITY, OK 73106	47-4978469	501(C)(3)	0.	128,145.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE LINK 1533 COUNTY ROAD 2305 HARTMAN, AR 72840	44-0577787	501(C)(3)	0.	167,970.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
THE WELL 110 EAST MAIN STREET IBERIA, MO 65486	81-3456389	501(C)(3)	0.	51,949.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TOUCH OF GRACE AG 466 GLEN RD NEWPORT, VT 05855	03-0332119	501(C)(3)	0.	10,000.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TRINITY CHURCH NC 17801 NW 2ND AVE MIAMI, FL 33169	59-1201093	501(C)(3)	0.	27,944.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
TULSA DREAM CENTER 200 W 46TH ST N TULSA, OK 74126	73-1610216	501(C)(3)	0.	101,007.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VAN BUREN ASSEMBLY OF GOD 1507 MAIN STREET VAN BUREN, MO 63965	43-1397333	501(C)(3)	0.	5,526.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS COMING HOME CENTER 806 N. JEFFERSON AVE. SPRINGFIELD, MO 65802	23-7167452	501(C)(3)	0.	16,554.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VICTORY AG - ADRIAN, MO 601 N HOUSTON AVE ADRIAN, MO 64720	43-1289450	501(C)(3)	0.	104,160.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VICTORY DISCIPLES MINISTRY 200 MARTIN LUTHER KING BLVD METCALFE, MS 38703	80-0735426	501(C)(3)	0.	104,939.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VICTORY LIFE - SOMERVILLE 11670 HWY 64 SOMERVILLE, TN 38068	78-0008724	501(C)(3)	0.	25,684.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VICTORY MISSION 1715 BOONVILLE SPRINGFIELD, MO 65801	43-1592707	501(C)(3)	0.	86,625.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
VICTORY WORSHIP CENTER 9152 MARKET ST DOVER, AR 72837	82-1208315	501(C)(3)	0.	58,223.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WE CARE FOR ALL 470 STEELE DRIVE HAMPTON, GA 30228	58-2553019	501(C)(3)	0.	954,974.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WEBBER FALLS FIRST BAPTIST 120 MCCORKLE ST WEBBER FALLS, OK 74470	73-1205603	501(C)(3)	0.	9,709.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WELLSPRING CHURCH BLYTHEVILLE, AR 600 N DIVISION ST BLYTHEVILLE, AR 72315	44-0577787	501(C)(3)	0.	63,231.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE FAMILY LIFE CENTER 1274 CR 5270 WILLOW SPRINGS, MO 65793	43-2036916	501(C)(3)	0.	112,546.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WESTSIDE FUTURE FUND INC. 970 JEFFERSON STREET NW ATLANTA, GA 30318	47-3015082	501(C)(3)	7,500.	0.	FMV	N/A	PROGRAM FULLFILLMENT
WITNESS AS MINISTRY 2271 LAKE AVE UNIT 6286 ALTADENA, CA 91003-7038	46-2364153	501(C)(3)	680,750.	0.	FMV	N/A	PROGRAM FULLFILLMENT
WORLD HELP 1148 CORPORATE PARK DRIVE FOREST, VA 24551	54-1615454	501(C)(3)	0.	4,191,569.	FMV	FOOD & SUPPLIES	PROGRAM FULLFILLMENT
WYNNE FIRST A/G 1900 N KILLOUGH WYNNE, AR 72396	71-0557669	501(C)(3)	0.	172,352.	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 GRANTEES AND MONITORS THE USE OF GRANT FUNDS IN ACCORDANCE WITH THE UNDERLYING GRANT AGREEMENTS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2021**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://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 checked="" 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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/CEO	(i)	284,172.	70,200.	36,235.	0.	76,748.	467,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEITH BOUCHER SR VICE PRESIDENT/ECOS	(i)	219,951.	55,200.	0.	30,080.	15,487.	320,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL CLARK JR VICE PRESIDENT - PARTNER DEVELOPMENT	(i)	151,943.	68,200.	6,529.	13,960.	76,975.	317,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK WAGGONER SR VICE PRESIDENT/CDO	(i)	226,353.	60,200.	2,280.	0.	23,566.	312,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRAD ROSENBERG SR VICE PRESIDENT/CPO	(i)	140,927.	45,557.	523.	0.	71,432.	258,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ED GARVIN VICE PRESIDENT - NETWORKS	(i)	174,953.	60,813.	652.	0.	18,966.	255,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KREGG HOOD SR VICE PRESIDENT/CBO	(i)	209,748.	20,200.	500.	0.	15,922.	246,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID ROGERS VICE PRESIDENT - PARTNER RELATIONS	(i)	160,615.	41,803.	867.	0.	24,768.	228,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERICK MEIER VICE PRESIDENT - SUPPLY CHAIN	(i)	140,071.	45,200.	200.	0.	23,848.	209,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIMARIE PAGE VICE PRESIDENT - DEVELOPMENT RESOURC	(i)	140,753.	35,200.	1,900.	0.	20,166.	198,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROGER FLESSING SR VICE PRESIDENT/CCO	(i)	160,015.	10,200.	501.	0.	19,087.	189,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DOREE DONALDSON VICE PRESIDENT - CONVOY WOMEN	(i)	140,001.	25,200.	117.	0.	0.	165,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 RELIEF PROGRAMS AND DEVELOPMENT 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.

SCHEDULE L  
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DOREE DONALDSON	WIFE OF CEO, HAL DO	165,318.	EMPLOYEE CO		X
ELLIOT BOUCHER	SON OF COO, KEITH B	46,548.	EMPLOYEE CO		X
LINDSAY DONALDSON-KRING	DAUGHTER OF CEO, HA	101,384.	EMPLOYEE CO		X
HAROLD SALLEE	FATHER-IN-LAW OF BO	11,294.	EMPLOYEE CO		X
ERIN-RAE PEACE	DAUGHTER OF CEO, HA	80,455.	EMPLOYEE CO		X
KIRK NOONAN	BROTHER OF BOARD ME	164,980.	EMPLOYEE CO		X
AMY DURKALSKI	WIFE OF BOARD MEMBE	50,450.	EMPLOYEE CO		X
SUSAN FLESSING	WIFE OF KEY EMPLOYE	55,452.	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: ERIN-RAE PEACE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF CEO, HAL DONALDSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: KIRK NOONAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF BOARD MEMBER, SHERILYNN TOUNGER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: AMY DURKALSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF BOARD MEMBER, COURT DURKALSKI

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

(A) NAME OF PERSON: SUSAN FLESSING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF KEY EMPLOYEE, ROGER FLESSING

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMP AND BENEFITS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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				
5 Clothing and household goods	X		135,645,655.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	1,022,951.	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	2,721	149,222,443.	FMV
20 Drugs and medical supplies	X	85	29,968,006.	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**

	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.

Multiple horizontal lines for supplemental information.



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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:

THE FOLLOWING BOARD MEMBERS/KEY EMPLOYEES HAVE A FAMILY RELATIONSHIP: MR.

DONALDSON, MR. BOUCHER, MS. TOUNGER, MR. GARVIN, MR. FLESSING, AND MR.

ROSENBERG.

THE FOLLOWING BOARD MEMBERS/KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP: MR.

WAGGONER, MR. CLARK, MR. JEFFRIES, MR. HUDDLESTON, MS. JAMISON, MR. COLE

AND MR. HOOD.

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,

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.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization CONVOY OF HOPE	Employer identification number 68-0051386
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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 REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

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

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