STATE OF CALIFORNIA RRF-1						DEPARTMENT OF J		A States
(Rev. 09/2017) IN						(For Registry Use	E 1 of 5	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 ()16) 210-6400 (For Registry Use Only TO ATTORNEY GENERAL OF CALIFORNIA								
STREET ADDRESS: 1300 Street			nd 12587, Californi js. sections 301-30					
Sacramento, CA 95814 (916) 210-6400	Failure to subm	nit this report annu	ually no later than four n nay result in the loss of t	nonths and fifteen aft	er the end of the			
WEBSITE ADDRESS: minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.								
FURNISHING HOPE INC.								
Name of Organization								
List all DBAs and names the organization uses or has used 3857 BIRCH STREET #503 State Charity Registration Number Address (Number and Street)								
NEWPORT BEACH, CA 92 City or Town, State and ZIP Code	660			_ Corporation or	Organization N	o. <u>2539259</u>		
(949) 644-9106 Telephone Number	E-mail Ad	dress		Federal Emplo	oyer ID No. 20	-0049351		
•			E SCHEDULE (11 Ca					
			k Payable to Depar			· ·		
Gross Annual Revenue	<u>Fee</u>	Gross Annu		Fee	Gross Annual			ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25		00,001 and \$250,00 50,001 and \$1 milli			0,001 and \$10 million 00,001 and \$50 million 50 million	on \$	5150 5225 5300
PART A – ACTIVITIES		·						
For your most recent full a	ccounting peri	od (beginning	g <u>1/01/19</u>	ending	12/31/19) list:		
Gross Annual Revenue \$	1,254,971	L. Noncasl	h Contributions \$	205,2	207. Total A	ssets \$ <u>68</u>	3,13	37.
Program Ex	penses \$	1,286,33	<u>39.</u>	Total Expenses	\$ <u>1,28</u>	9,086.		
PART B – STATEMENTS								
Note: All questions must be an	swered. If you	answer "yes"	to any of the ques	tions below, you	u must attach a	separate page		
providing an explanation 1 During this reporting period, v		-	-				Yes	
officer, director or trustee thereof, e	either directly o	r with an entit	ty in which any suc	ch officer, director of	r trustee had any	financial interest?		X
2 During this reporting period, v	vas there any t	heft, embezzle	ement, diversion or	r misuse of the o	organization's charita	ble property or funds?		X
3 During this reporting period, v	vere any organi	ization funds ι	used to pay any pe	enalty, fine or jud	dgment?			Х
4 During this reporting period, v coventurer used?	vere the service	es of a commerc	cial fundraiser, fundra	ising counsel fo	r charitable purpose	s, or commercial		X
5 During this reporting period, c	lid the organiza	tion receive a	any governmental f	unding?				X
6 During this reporting period, did the organization hold a raffle for charitable purposes?								Х
7 Does the organization conduct a vehicle donation program?								Х
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?								Х
9 At the end of this reporting pe	eriod, did the or	ganization ho	old restricted net assets	, while reporting	negative unrest	tricted net assets?		Х
I declare under penalty of perju and belief, the content is true, c					locuments, and	to the best of my kn	owled	ge
	ELI	ZABETH L.	. PHILLIPS	EXECUTIVE	DIR.			
Signature of Authorized Agent	Printed			Title		Date		

Form 99(

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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.

Open to Public

OMB No. 1545-0047

Inter	nal Rev	venue Service		Go to www.irs.gov/Form990 for instructions and the latest inf	ormation	າ.		inspectio	"
Α	For t	he 2019 calen	dar	year, or tax year beginning , 2019, and ending				,	
В	Check	if applicable:	С			D Employ	er ident	ification number	
		ddress change	ान	JRNISHING HOPE INC.		20-	0049	351	
	_	-		357 BIRCH STREET #503		E Telepho			
		lame change		WPORT BEACH, CA 92660					
	lr	nitial return	111			(94)	9) 6	44-9106	
	Fi	inal return/terminated							
	A	mended return				G Gross re	eceipts	\$ 1,254	1,971.
	A	pplication pending	F	Name and address of principal officer: ELIZABETH L. PHILLIPS	(a) Is this	a group retur	n for sub		1 37
		FF 5	сл	ME AS C ABOVE	(b) Are all	subordinates ' attach a list.	include		
-	Тах	overant status		501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No,"	attach a list.	(see in	structions)	
<u>-</u>		-exempt status:	_						
J	We	ebsite: ► FU			(-) I	exemption nu			
K		m of organization:	Х	Corporation Trust Association Other ► L Year of formation	n: 200	3 M s	State of I	legal domicile: C	A
Pa	irt I	Summar							
	1	Briefly descri	be t	the organization's mission or most significant activities:FURNISHING	HOME	S FOR I	FAMI	LIES IN	
~				COORDINATION WITH MILITARY SERVICE MEMBERS,					'HER
Activities & Governance		ORGANIZA					<u></u>		
nai		0110111111	<u> </u>						
er.	2	Chack this bo		if the organization discontinued its operations or disposed of mor		5% of itc	not ac		
ē	3			g members of the governing body (Part VI, line 1a)			3	55615.	6
ঁত	4			endent voting members of the governing body (1 at 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			4		<u>6</u> 5
Se	5			individuals employed in calendar year 2019 (Part V, line 2a)			5		25
Ξ.	6	Total number	of	volunteers (estimate if necessary)			6		
Ċ	70			business revenue from Part VIII, column (C), line 12			0 7a		100
A									0.
	D	net unrelated	DU	siness taxable income from Form 990-T, line 39			7b		0.
	_					rior Year		Current \	
e	8			d grants (Part VIII, line 1h)		,075,9	64.),255.
Revenue	9			revenue (Part VIII, line 2g)		661,3	08.	304	4,716.
eve	10			me (Part VIII, column (A), lines 3, 4, and 7d)					
ď	11	Other revenue	e (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue) —	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	.,737,2	72.	1,254	4,971.
	13	Grants and si	mil	ar amounts paid (Part IX, column (A), lines 1-3)				•	
	14	Benefits paid	to	or for members (Part IX, column (A), line 4)					
	15			ompensation, employee benefits (Part IX, column (A), lines 5-10)		413,1	51	204	5,210.
es	10					415,1	JI.	290	J, ZIU.
Expenses	16a	Professional	fune	draising fees (Part IX, column (A), line 11e)					
g	b	Total fundrais	sing) expenses (Part IX, column (D), line 25) ►					
ш	17	Other expens	es	(Part IX, column (A), lines 11a-11d, 11f-24e)	1	,015,4	30	992	2,876.
	18			Add lines 13-17 (must equal Part IX, column (A), line 25)	_	,428,5			9,086.
	-			penses. Subtract line 18 from line 12					
	19	Revenue less	ex			308,6			4,115.
Net Assets or Fund Balances			-		Beginnir	ng of Curren		End of Y	
alar	20		`	rt X, line 16)		717,2		683	3,137.
е В В В В	21	Total liabilitie	s (F	Part X, line 26)			0.		0.
- S - E	22	Net assets or	fur	nd balances. Subtract line 21 from line 20		717,2	52.	683	3,137.
	rt II	Signatur	еE	Block		/ _			
-					a bact of m	w knowlodgo	and hali	iof it is true corro	ot and
com	plete. C	Declaration of prepa	rer (e that I have examined this return, including accompanying schedules and statements, and to th other than officer) is based on all information of which preparer has any knowledge.	e best of m	ly knowledge	and ben	ier, it is true, corre	ci, anu
•		Signatu	re of	officer	Da	to			
Siç	yn								
He	re			BETH L. PHILLIPS	EXECU	JTIVE I	DIR.		
		Type or	prin	t name and title					
		Print/Type p	repa	arer's name Preparer's signature Date		Check	if	PTIN	
Pa	id	MARK F	7	VON ROTZ, CPA		self-employe	ed	P0048661	7
	iu epar			CLIFTONLARSONALLEN LLP		2	-		<u>.</u>
lle	e Or						1	0746740	
03	e oi	TIY Firm's addre	ess	► <u>2875 MICHELLE STE 300</u>		Firm's EIN		-0746749	
				IRVINE, CA 92606-1020		Phone no.	(714	,	1 1
May	y the	IRS discuss th	is r	eturn with the preparer shown above? (see instructions)				. X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2019) FURNISHING HOPE	E INC.	20-0049351 Page 2
Par		ervice Accomplishments	
		a response or note to any line in this Part III	
1	Briefly describe the organization's mis		
		MILIES_IN_CRISIS, IN_COORDINATION	WITH MILITARY SERVICE
	MEMBERS, VETERANS AND V	ARIOUS_OTHER_ORGANIZATIONS	
2	Did the organization undertake any signi	ficant program services during the year which were not li	sted on the prior
-			
	If "Yes," describe these new services on		
3	Did the organization cease conducting	g, or make significant changes in how it conducts, ar	ny program services? Yes X No
	If "Yes," describe these changes on Sch	edule O.	
4	Describe the organization's program s	service accomplishments for each of its three largest	program services, as measured by expenses.
	and revenue, if any, for each program	nizations are required to report the amount of grants a service reported.	and anocations to others, the total expenses,
4 a	a (Code:) (Expenses \$	1,286,339. including grants of \$)(Revenue \$ 304,716.)
		SUPPLIES FOR FAMILIES IN CRISIS,	COORDINATING WITH SUCH
		D HERO'S OF AMERICA, CRISIS HOUSE	
		E AGENCY COMPLETED THE FURNISHING	
		THE ORGANIZATIONS THEY HAVE AND C	CONTINUE TO SUPPORT MEMBERS
	AND VETERANS, SINCE INC	EPTION.	
4 t	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	i · · ·		·
40	c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
			, < < < < < < < < < < < < < < < < <
4 a	d Other program services (Describe on	Schedule O.)	
	(Expenses \$		(Revenue \$)
4 e	• Total program service expenses	1,286,339.	
BAA		TEEA0102L 07/31/19	Form 990 (2019)

	1 990 (2019) FURNISHING HOPE INC. 20-004935	1	F	Page 3				
Pai	TIV Checklist of Required Schedules		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	NO				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.							
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х				
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.							
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х					
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х				
C	bid the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х				
0	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х				
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х				
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х				
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х				
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х				
19								
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	19 20a		X X				
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х				
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orm 990 (2019)	FURNISHING	HOPE	IN
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Form 990 (2019) FURNISHING HOPE INC.
Part IV Checklist of Required Schedules (continued)

га							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X			
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			v			
24 :	<i>Schedule J</i>	23		Х			
	<i>complete Schedule K. If 'No, 'go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х			
	\mathbf{c} Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240					
	any tax-exempt bonds?	24c 24d					
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u					
25	transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х			
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х			
27		27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):						
ä	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х			
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х			
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х			
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х			
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х			
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х				
Pa	rt 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			
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 6						
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1 c	Х				

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Form 990 (2019) FURNISHING HOPE INC. 20-004	9351	F	Page 5				
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
		Yes	No				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a							
	25	v					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	X					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>			X				
	31	,					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	a	Х				
b If 'Yes,' enter the name of the foreign country►							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	X				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	\$	<u> </u>				
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	a	Х				
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	,					
7 Organizations that may receive deductible contributions under section 170(c).		-					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	78		X				
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		,	<u> </u>				
Form 8282?	70	:	Х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	2	Х				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		:	Х				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			<u> </u>				
as required?	7 9	9	<u> </u>				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	1					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring							
organization have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	2					
10 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, line 12 10a							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11 Section 501(c)(12) organizations. Enter:							
a Gross income from members or shareholders 11 a							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		-					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a is the organization licensed to issue qualified health plans in more than one state?	13a	3					
Note: See the instructions for additional information the organization must report on Schedule O.		-					
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand 	_						
c Enter the amount of reserves on hand	14a		X				
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	141	, 	<u> </u>				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
If 'Yes,' complete Form 4720, Schedule O.							

Pa	Int VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang Schedule O. See instructions.	ges c	n	
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Se	ction A. Governing Body and Management			
_			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 a			
	b Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4		-		
	since the prior Form 990 was filed?	4		Х
5 6		5 6		X X
7	a 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?	7 a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
•	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu		í a a
10	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
10	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 	10 a		Λ
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i>	12 c	Х	
13	5	13	Х	
14	5	14	Х	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEOb Other officers or key employees of the organizationSEE.SCHEDULEO	15a 15b	X X	<u> </u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	150	Λ	
16	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 	16 a		X
	 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 	104		Λ
	organization's exempt status with respect to such arrangements?	16 b		
-	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Image: Another's website X Upon request X Other (explain on Schedule O) S		SCH.	0
19	the public during the tax year. SEE SCHEDULE O	ole to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	ELIZABETH PHILLIPS 221 PALMER B COSTA MESA CA 92627 949-630-8240			

Form 990 (2019) FURNISHING HOPE INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	Compensated Employe	es, and				
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						
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wi organization's tax year.	ith or within the					
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of					
• List all of the propriations automatical ampleuron, if any See instructions for definition of light of	maleuee					

List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

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

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

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

See instructions for the order in which to list the persons above.

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

	(C)									
(A) Name and title			Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	3 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH L. PHILLIPS EXECUTIVE DIR.	$-\frac{40}{0}$	Х		Х				22 000	0.	0
(2) ALLEN BOERNER	1	Λ		Λ				33,000.	0.	0.
DIRECTOR		Х						0.	0.	0.
(3) CHARLES E. BRADLEY	1									
DIRECTOR	0	Х						0.	0.	0.
(4) RENEE PEPYS LOWE	1							_		_
DIRECTOR	0	Х			-			0.	0.	0.
	<u>1</u>	Х						0.	0.	0.
(6) JOHN VIRTUE	1	Λ						0.	0.	0.
DIRECTOR/CF0	0	Х		Х				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										
BAA	TEEA0	107L	07/31/	/19						Form 990 (2019)

Form 990 (2019) FURNISHING HOPE INC.

	990 (2019) FURNISHING HOPE INC.		1/	_						20-004935		Page 8
Par	t VII Section A. Officers, Directors, Tru	stees, (B)	Key	Em	<u>וסומ</u> (0	-	es, a	inc	d Highest Con	pensated Emp	loyees (d	continued)
	(A) Name and title	Average hours per	box	, unles	Pos heck ss pe	sition more erson directo	than o is both pr/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F Estimated	amount
		week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of ot compensa the orgar and re organiz	tion from nization lated
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Subtotal								33,000.	0.		0.
	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)							-	0. 33,000.	0.		0.
	Total number of individuals (including but not limited							ed			ensation	0.
	from the organization 0										Y	es No
3	Did the organization list any former officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for such</i>										. 3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	r than \$1	50,00	00?	lf 'γ	′es,'	com	olei	te Schedule J for	from	. 4	X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	e comper <i>' comple</i>	nsatio e <i>te So</i>	on fro ched	om ule	any <i>J fo</i> i	unrel r <i>sucl</i>	ate h pe	d organization or erson	individual	. 5	X
	ion B. Independent Contractors Complete this table for your five highest compens	ated ind	epen	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of		
	compensation from the organization. Report compens (A)		the c	aleno	dar <u>y</u>	year	endin	ig w	(B)	<u> </u>	(C) Compens	
	Name and business addre	ess							Description of		Compens	alion
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization I		ited to	o tho	se l	isted	l abov	ve) v	who received more	than		

Form 990 (2019) FURNISHING HOPE INC. Part VIII Statement of Revenue

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Par	t V	III Statement of Revenue Check if Schedule O contains a res	sponse or note to any	/ line in this Part V			П
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	a Federated campaigns 1	a				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues1					
ts, (Am		c Fundraising events					
Gif ilar		d Related organizations					
ns, Sim		e Government grants (contributions) 1 of All other contributions, gifts, grants, and	8				
utio Ter		similar amounts not included above 1	f 950,255.				
Oth	Ģ	g Noncash contributions included in lines 1a-1f					
put		h Total. Add lines 1a-1f		950,255.			
			Business Code	550,255.			
Program Service Revenue	28	FURNITURE_PROGRAM	900099	304,716.	304,716.		
Rei	-	b			·		
vice	(c					
Sen	C	d					
am	e	e 					
ogr		All other program service revenue					
P		g Total. Add lines 2a-2f		304,716.			
	3	Investment income (including dividends, other similar amounts)	, interest, and ►				
	4	Income from investment of tax-exem					
	5	Royalties	· · ·				
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a					
	ł	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
	C	d Net rental income or (loss)►					
	7 a	7 a Gross amount from (i) Securities (ii) Other					
		sales of assets other than inventory 7a					
	ł	b Less: cost or other basis					
		and sales expenses 7b c Gain or (loss) 7c					
		d Net gain or (loss)	▶				
		ſ					
nue	86	a Gross income from fundraising events (not including \$					
vel		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18	8a				
her		-	8b				
ð	0	c Net income or (loss) from fundraising	g events 🕨				
	9 a	a Gross income from gaming activities.					
		<i>,</i>	9a				
		b Less: direct expenses c Net income or (loss) from gaming ac	9b				
	10a	a Gross sales of inventory, less returns and allowances	0a				
			0b				
		c Net income or (loss) from sales of in					
			Business Code				
e	11 a	a					
nue	ł	b					
Revenue	•	c					
Ř		d All other revenue					
		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶	1,254,971.	304,716.	0.	0.

	t IX Statement of Functional Expension				
Sec	tion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	33,000.	33,000.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	242,461.	242,461.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,401.	242,401.		
9	Other employee benefits				
10	Payroll taxes	20,749.	20,749.		
	Fees for services (nonemployees):				
	Management				
) Legal				
	c Accounting	350.		350.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	16,640.	16,640.		
12	Advertising and promotion.	5,842.	5,842.		
13	Office expenses	8,487.	6,090.	2,397.	
14	Information technology				
15	Royalties				
16	Occupancy	147,032.	147,032.		
17	Travel	1,284.	1,284.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	10.000	10.000		
22	Depreciation, depletion, and amortization	10,382.	10,382.		
23 24	Insurance Other expenses. Itemize expenses not	32,503.	32,503.		
24	on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	PURCHASE OF FURNITURE	660,055.	660,055.		
	• TAXES AND LICENSES	34,646.	34,646.		
	MOVING EXPENSES	14,343.	14,343.		
0	UTILITIES	13,517.	13,517.		
	All other expenses.	47,795.	47,795.		
25	Total functional expenses. Add lines 1 through 24e	1,289,086.	1,286,339.	2,747.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) FURNISHING HOPE INC.

Part IX Statement of Functional Expenses

Form 990 (2019) FURNISHING HOPE INC.

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Part X Balance Sheet

2 Savings and temporary cash investments. 2 3 Pledges and grants receivable, net. 3 4 Accounts receivable, net. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B). 7 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B). 6 9 Prepaid expenses and deferred charges. 615, 615. 8 614, 998. 9 Prepaid expenses and deferred charges. 10a 53, 194. 0 10 Loans accurulated depreciation. 10a 53, 194. 0 32, 976. 11 Investments – publicity traded securities. 11 12 11 13 11 12 Investments – program-related. See Part IV, line 11. 12, 335. 15 7, 320. 14 15 Other assets. See Part IV, line 11. 12, 335. 15 7, 320. 1	Pa	rt X						
1 Cash - non-interest-bearing. 45,944. 1 27,843. 2 Savings and temporary cash investments. 3 4 2 3 Pledges and grants receivable, net. 3 4 4 Accounts receivable, net. 4 3 5 one and other receivables from any current or foured resons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(V(1)), and persons described in section 4958(V(3)(3)(3)). 6 9 Prepaid expenses and deterred charges. 6 7 10a Land, buildings, and equipment: cost or other basis. 7 8 Complete Part IV of Schedule D 10a 53,194. 12 11 Investments – program-related. See Part IV, line 11. 12 13 12 Investments – program-related. See Part IV, line 11. 12 14 14 Intage basets. 17 14 14 15 Other assets. See Part IV, line 11. 12 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 16 Total assets. Add lin			Check if Schedule O contains a response or note to	o any line	in this Part X I		· · · · · · · · ·	
2 Savings and temporary cash investments. 2 2 3 Pledges and grants receivable, net. 3 4 Accounts receivable, net. 4 5 Loans and other receivables from any current of forme officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity of family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under substantial contributor, or 35% controlled entity) of activate disqualified persons (as defined under substantial contributor, or 35% controlled entity) of activate disqualified persons (as defined under substantial contributor, or 35% controlled entity) and persons described in section 4958(C(3)(E) 6 9 Prepaid expenses and deferred charges. 615, 615, 8 614, 998. 9 Prepaid expenses and deferred charges. 9 9 10 Lass: accumulated depreciation. 10 20, 218. 43, 358. 10c 11 Investments – publicly traded securities. 11 12 11 12 11 Investments – publicly traded securities. 14 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 17						(A) Beginning of year		End of year
3 Pledges and grants receivable, net. 3 4 Accounts receivable, net. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of raminy member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net. 615, 615, 8 6 (14, 998, 9) 9 Predged expenses and deferred charges. 9 9 10a Loans, and eulipment: cost or other basis. 10a 53, 194. 11 Investments - other socities. See Parl IV, line 11. 112 12 11 Investments - other socities. See Parl IV, line 11. 12 13 13 Investments - other socities. See Parl IV, line 11. 12 13 14 Intagible assets. 17 14 15 Other assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 17 17 12 12 12 12 12 12 1		1	Cash – non-interest-bearing			45,944.	1	27,843.
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 6 8 Inventories for sale or use. 615, 615, 8 9 Prepaid expenses and defered charges. 9 10a 20, 218. 43, 358. 10c 21 Investments – publicly traded securities. 11 12 11 Investments – porgram-related. See Part IV, line 11. 13 14 15 Ottor assets. See Part IV, line 11. 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 7252. 16 683, 137. 17 Accounts payable and accrued expenses. 18 18 12 10 Testment – publishes ton y current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 17 18 Grants		2	Savings and temporary cash investments				2	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity of naming member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(8). 7 7 Notes and loans receivable, net. 615, 615. 8 614, 998. 9 Prepaid expenses and deferred charges. 9 10a 53, 194. 615, 615. 8 614, 998. 10a Land, buildings, and equipment: cost or other basis. 10a 53, 194. 10a 32, 976. 11 Investments – publicly traded securities. 11 11 12 11 12 Investments – publicly traded securities. 11 12 13 11 13 Investments – publicly traded securities. 14 13 14 14 12, 335. 15 7, 320. 15 Other assets. See Part IV, line 11 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33) 717, 252. 16 683, 137. 17 Accounts payable and accrued expe		3	Pledges and grants receivable, net				3	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(/1)), and persons described in section 4958(/3)(8) 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 615, 615. 8 614, 998. 9 Prepaid expenses and deferred charges. 9 9 10a Land, building, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 53, 194. 9 11 Investments - publicly traded securities. 11 11 12 11 Investments - publicly traded securities. 11 12 12 11 Investments - program-related. See Part IV, line 11. 12 13 14 13 Investments - publicly traded securities. 11 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33) 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 11 13 14 19 Deferred revenue. 18 18 19 20 Tax-exempt bond liabilities 20 21 22 23 24 21<		4	Accounts receivable, net				4	
section 4958(f)(1), and persons described in section 4958(c)(3)(E) 6 7 Notes and loans receivable, net. 7 8 Inventries for sale or use. 615, 615, 8 614, 998. 9 Prepaid expenses and deferred charges. 9 9 10a Land, buildings, and equipment: cost or other basis. 10a 53, 194. 9 b Less: accumulated depreciation. 10a 53, 194. 10b 20, 218. 43, 358. 10c 32, 976. 11 Investments – publicly traded securities. 11 112 113 114 12 Investments – program-related. See Part IV, line 11. 122. 113 114 15 Other assets. See Part IV, line 11. 121, 22, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33) 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 17 13 13 14 19 Deferred revenue. 19 19 102 12 20 20 20 20 20		5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, I contribute rsons	director, or, or 35%		5	
9 Notes and loans receivable, net. 7 9 Inventories for sale or use. 615, 615, 8 9 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – other securities. See Part IV, line 11. 13 14 Intagible assets. 14 15 Other assets. See Part IV, line 11. 12, 335, 15 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 11 18 19 20 Tark exempt bond liabilities. 20 21 22 21 Lassets and other payables to any current of threare of threare of threare of the payable to any output of 35% 22 22 23 Every molyce, crease and notes payable to unrelated third parties. 23 24 24 Unsecured mortgages and notes payable to unrelated third parties. 24 25 24		6					6	
8 Inventories for sale or use. 615,615. 8 614,998. 9 Prepaid expenses and deferred charges. 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 53,194. 9 11 Investments – publicly traded securities. 11 10b 20,218. 43,358. 10c 32,976. 11 Investments – publicly traded securities. 11 12 13 14 12 Investments – other securities. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11. 12,335. 15 7,320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 717,252. 16 683,137. 17 Accounts payable and accrued expenses. 17 18 19 19 20 Tax-exempt bond liabilities. 20 21 22 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 22 22 Lass and other payable to unrelated third parties. 22 22 23 24 24 24		7					-	
10a Land, buildings, and equipment: cost or other basis. 10a 53, 194. b Less: accumulated depreciation. 10b 20, 218. 43, 358. 10c 32, 976. 11 Investments - publicly traded securities. 11 11 12 12 Investments - program-related. See Part IV, line 11. 12 13 14 Intragible assets. See Part IV, line 11. 12 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 17 683, 137. 19 20 Tax-exempt bond liabilities. 20 21 22 21 Loss and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial corributor, or 35% 22 23 23 Secured mortagaes and notes payable to unrelated third parties. 24 24 24 24 Unsecured notes and loans payable to unrelated third parties. 24 24 25 24 Other liabilities (including federal income tax, payables to related third parties. 24 25 2	Ś					615 615	-	614 009
10a Land, buildings, and equipment: cost or other basis. 10a 53,194. b Less: accumulated depreciation. 10b 20,218. 43,358. 10c 32,976. 11 Investments - publicly traded securities. 11 11 12 12 Investments - program-related. See Part IV, line 11. 12 13 13 Investments - program-related. See Part IV, line 11. 12 13 14 Intangible assets. 14 12,335. 15 7,320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 717,252. 16 683,137. 17 Accounts payable and accrued expenses. 17 18 Grants payable. 18 19 20 Tax-exempt bond liabilities. 20 21 21 Lesns and other payables to any current or former officer, director, trustee, key publove, creator or founder, substantia contributor, or 35% 22 23 23 Secured motigages and notes payable to unrelated third parties. 24 24 24 24 Interventer and complete lines 27, 28, 32, and 33. 717, 252. 27 683, 137. 24 Secured motigages	set				-	015,015.	-	014,990.
b Less: accumulated depreciation	As			1 1			5	
11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – other securities. See Part IV, line 11. 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 7117, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 17 18 18 19 Deferred revenue. 19 20 20 21 20 Tax-exempt bond liabilities. 20 21 20 21 21 Escrew or custodial account liability. Complete Part IV of Schedule D. 21 22 23 22 Escrew or custodial account liability. Complete Part IV of Schedule D. 21 22 23 23 Secured mottgages and notes payable to unrelated third parties. 24 24 22 24 Unsecured notes and loans payable to unrelated third parties. 24 25 25 24 Unsecured notes and loans payable to unrelated third parties. 24 <td></td> <td></td> <td></td> <td></td> <td></td> <td>42.250</td> <td>10 -</td> <td>20.076</td>						42.250	10 -	20.076
12 investments - other securities. See Part IV, line 11. 12 13 investments - program-related. See Part IV, line 11. 13 14 intangible assets. 14 15 Other assets. See Part IV, line 11. 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 17 18 67ants payable. 18 19 Deferred revenue. 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 23 Secured mortgages and notes payable to unrelated third parties. 24 24 24 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Other liabilities not included set foreal income tax, payables to related third parties, and other liability. Star Star Star Star Star Star Star Star						43,358.		32,976.
13 Investments – program-related. See Part IV, line 11					-			
14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 12, 335. 15 7, 320. 16 Total assets. Add lines 1 through 15 (must equal line 33). 717, 252. 16 683, 137. 17 Accounts payable and accrued expenses. 17 17 18 19 Deferred revenue. 19 20 20 Tax-exempt bond liabilities. 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%. 22 23 24 Unsecured notes and loans payable to unrelated third parties. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. 717, 252. 27 683, 137. 28 Organizations that follow FASB ASC 958, check here ► 28 0 0 29 Organizations that do not follow FASB ASC 958, check here ► 28 29 29<								
15 Other assets. See Part IV, line 11							-	
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26 Total liabilities. Add lines 17 through 25				•			24	
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2 33 Total liabilities and net assets/fund balances	ťÀ					717.252	-	683-137
	Ne	33				717,252.	33	683,137.

BAA

Form **990** (2019)

Forr	n 990 (2019) FURNISHING HOPE INC. 20-	0049351	F	age 12
Pa	rt 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	1,254,	971.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,289,	
3	Revenue less expenses. Subtract line 2 from line 1	3		115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		252.
5	Net unrealized gains (losses) on investments.	5	· _ · /	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain 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	683,	137.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🔲
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
				v
	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ite		
0	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?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a 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?		3 a	Х
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 01/21/20		Form 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2019

Departm Internal	ent of the Treasury Revenue Service	► (Go to www.irs.gov/Form990 for instructions and the latest information.					
	f the organization						Employer identifica	
	NISHING HOP						20-004935	
				rganizations must o			1 /	tions.
The or	<u> </u>	•		(For lines 1 through 12,		-	,	
1				hurches described in sec			i).	
2				Schedule E (Form 990 or		•		
3		•		ization described in sec				
4		-	tion operated in conj	unction with a hospital of	describe	d in sec	:tion 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, a	nd state:						
5	An organizati section 170(b	on operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	scribed in
6	A federal, sta	te, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	An organizatio	n that normally	eceives a substantial r	part of its support from a	governm	ental un	it or from the general put	olic described
			Complete Part II.)					
8				(A)(vi). (Complete Part I				
9		r a non-land-gra	nt college of agriculture	c tion 170(b)(1)(A)(ix) oper e (see instructions). Enter				
10	X An organizatio from activities investment in	n that normally is related to its o	receives: (1) more thar exempt functions—su	33-1/3% of its support fr bject to certain exceptic le income (less section Part III)	ons, and	(2) no I	more than 33-1/3% of i	ts support from gross
11				ely to test for public safe	etv. See	section	n 509(a)(4).	
12		-	•		-			it the nurneses of one
12	or more publi	cly supported o	rganizations describe	ely for the benefit of, to ed in section 509(a)(1) of supporting organization	periorn or sectio	n 509(a	(2). See section 509(a)	(3). Check the box in
а	Type I. A supp	orting organizati	on operated, supervise aularly appoint or elec	ed, or controlled by its sup t a majority of the directo	oported o	, roanizat	ion(s), typically by giving	the supported on. You must
b	Type II. A sup management of	porting organiz	zation supervised or o organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or on(s). You
с				tion operated in connectio plete Part IV, Sections	n with, ar	nd functio	onally integrated with, its	supported
d				-				
u	functionally in	ntegrated. The o	proanization generally	ganization operated in cor y must satisfy a distribu ns A and D, and Part V.	tion requ	uiremen	t and an attentiveness	requirement (see
е	Check this bo	ox if the organiz	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Type	e III functionally
,				supporting organization				[]
			n about the supporte	d organization(a)				
	Name of supported of	-					(v) Amount of monetary	
(i) Name of supported to	rgamzation	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(~)								
(B)								
(C)								
(D)								
(E)								
Total								

Par	t II Support Schedule for							i)
	(Complete only if you checked organization fails to qualify	the box on line 5, under the tests lis	7, or 8 of Part I or ted below, please	if the organization e complete Part II	failed to qualify un I.)	der Part III. If	the	
Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4 1							
Sec	tion B. Total Support			1	1			
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see ins	structions)				12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	hird, fourth, or fifth	tax year as a sectio	on 501(c)(3)		► 🔲
	tion C. Computation of Pu		•					
	Public support percentage for 20 Public support percentage from 2	-	•••				14 15	% %
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	d not check the t blicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more,	check t	his box ►
b	33-1/3% support test–2018. If th and stop here. The organization	ne organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or m	ore, che	eck this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est-2019. If the or meets the 'facts-a s-and-circumstanc	rganization did no and-circumstance es' test. The orga	ot check a box on s' test, check this anization qualifies	line 13, 16a, or 1 box and stop he r as a publicly sup	6b, and line r e. Explain ir ported organ	14 is 10 Part V ization)% ′I how ►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain ir ted organizat	Part V	′I how the

FURNISHING HOPE INC.

Page 2

20-0049351

Schedule A (Form 990 or 990-EZ) 2019

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.)

	fails to qualify under the te	ests listed below, p	please complete	Part II.)			
	tion A. Public Support				1		
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	512,799.	467,779.	960,488.	1,075,964.	950,255.	3,967,285.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	61,187.	1,631.	237,356.	661,308.	304,716.	1,266,198.
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	01,107.	1,031.	237,330.	001,500.	304,710.	0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	573,986.	469,410.	1,197,844.	1,737,272.	1,254,971.	5,233,483.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
		0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)tion B. Total Support						5,233,483.
		(-) 0015	(1) 0010	(-) 0017	(1) 0010	(-) 0010	(0 T = + = 1
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 0 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511	573,986.	469,410.	1,197,844.	1,737,272.	1,254,971.	5,233,483.
_	taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	573,986.			1,737,272.		5,233,483.
	First five years. If the Form 990 organization, check this box and	stop here					
_	tion C. Computation of Pul						
	Public support percentage for 20	• •			,		100.00 %
_	Public support percentage from 2					16	100.00 %
	tion D. Computation of Inv					ı	-
17	Investment income percentage f	-		-			0.00 %
18	Investment income percentage fi						0.00 %
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	as a publicly supp	orted organizatior	1► X
b	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3%	, check this box a	ind stop here. Th	e organization qu	alifies as a public	ly supported orga	nization 🕨 📃
20	Private foundation. If the organiz	zation did not cheo	ck a box on line	14, 19a, or 19b, c	check this box and	see instructions.	•••••••

20-0049351

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- **2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **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)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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

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

Section C. Type II Supporting Organizations

		res	NO
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)? If 'No,' describe in Part VI how control or management of the			
supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

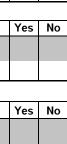
Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

20-0049351



Yes

1

2

No



Yes

2a

2b

3a

3h

No

1	Page	6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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	a Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	d Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2019

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20 0010001	

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting organiza		a
ection D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	•		
2 Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity	f supported organization	s,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
ection E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

20-0049351

Page 8 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.) Part VI

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	F)				
Name of the organization		ployer identification number			
FURNISHING HOP	E INC. 20	-0049351			
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
Form 990-PF	527 political organization				
	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

Schedule B

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Schedule B	(Form	990,	990-EZ,	or 99	90-PF)	(2019)
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Name of organization

FURNISHING HOPE INC.

20-0049351

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	LIVING SPACES 14501 ARTESIA BVLD LA MIRADA, CA 90638	\$ <u>141,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SO_CAL_GAS	\$10,445.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>	CONSUMER PORTFOLIO SERVICES 3800 HOWARD HUGHES LAS VEGAS, NV 89169	\$ <u>50,000</u> .	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
		contributions	
<u>4</u>	HOUZZ DIRECT DEPOSIT 285 HAMILTON AVE PALO ALTO, CA 94301	contributions	Person X Payroll Image: Complete Part II for noncash contributions.)
 (a) No.	285 HAMILTON AVE	-	Person X Payroll Noncash (Complete Part II for
	285 HAMILTON AVE PALO ALTO, CA 94301	\$144,795. \$144,795. (c) Total	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	285 HAMILTON AVE PALO ALTO, CA 94301 (b) Name, address, and ZIP + 4 HOUZZ WEBSITE 285 HAMILTON AVE	\$144,795. \$144,795. (c) Total contributions	Person X Payroll Noncash Koncash (Complete Part II for noncash contributions.) Cd) Type of contribution Person Payroll Noncash X (Complete Part II for
(a) No.	285 HAMILTON AVE PALO ALTO, CA 94301 Name, address, and ZIP + 4 HOUZZ WEBSITE 285 HAMILTON AVE PALO ALTO, CA 94301 (b)	\$144,795. (c) Total contributions \$205,207. (c) Total	Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contribution Person Image: Complete Part II for noncash Payroll Image: Complete Part II for noncash contributions.)

Schedule B	(Form 9	90, 990-EZ,	or 990-PF)	(2019)
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Name of organization

FURNISHING HOPE INC.

2 Employer identification number

20-0049351

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEWPORT HARBOR EXCHANGE CLUB	_	Person X
	PO_BOX_1022	\$ <u>5,000.</u>	Payroll Noncash
	NEWPORT BEACH, CA 92659	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	AMIGO DE LOS NINOS	_	Person X
	330 N. BASSE LANE	\$ <u>5,000.</u>	Payroll Noncash
	BREA, CA 92821	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9_</u> _	LINDA L SMITH		Person X
	3197-A AIRPORT LOOP DR	\$ <u>5,000.</u>	Payroll Noncash
	COSTA MESA, CA 92626		(Complete Part II for
	<u> </u>	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b)	(c) Total contributions	(d) Type of contribution Person
	(b) Name, address, and ZIP + 4	(c) Total contributions \$20,000.	(d) Type of contribution
	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST	contributions	(d) Type of contribution Person X Payroll
	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST 34372 COVE LANTERN	contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
<u>10</u> _ (a)	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST 34372 COVE LANTERN DANA POINT, CA 92629 (b)	contributions	(d) Type of contribution Person X Payroll
<u>10</u>	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST 34372 COVE LANTERN DANA POINT, CA 92629 Name, address, and ZIP + 4	contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
<u>10</u>	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST 34372_COVE_LANTERN DANA_POINT, CA_92629 Name, address, and ZIP + 4 MICHAELA_DEL_SIGNORE	contributions	(d) Type of contribution Person X Payroll
<u>10</u>	(b) Name, address, and ZIP + 4 SWESNSON_FAMILY_TRUST 34372_COVE_LANTERN DANA_POINT, CA_92629 (b) Name, address, and ZIP + 4 MICHAELA_DEL_SIGNORE 17595_CARTWRIGHT	contributions	(d) Type of contribution Person X Payroll
<u>10</u> _ (a) No. <u>11</u> _	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST 34372 COVE LANTERN DANA POINT, CA 92629 Name, address, and ZIP + 4 MICHAELA DEL SIGNORE 17595 CARTWRIGHT IRVINE, CA 92614 (b)	contributions	(d) Type of contribution Person X Payroll
<u>10</u> _ (a) No. <u>11</u> _	(b) Name, address, and ZIP + 4 SWESNSON FAMILY TRUST 34372 COVE LANTERN DANA POINT, CA 92629 Name, address, and ZIP + 4 MICHAELA DEL SIGNORE 17595 CARTWRIGHT IRVINE, CA 92614 (b)	contributions	(d) Type of contribution Person X Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for noncash contributions.) Image: Contribution Person X Payroll Image: Complete Part II for noncash contributions.) Video Part II for noncash contributions.) Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Image: Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page 3
Name of organization	Employer i	dentification n	umber
FURNISHING HOPE INC.	20-00	49351	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (See instructions.) FURNITURE AND HOUSEHOLD GOODS 5 Ś 205,207. 12/31/19 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) Part I (b) Description of noncash property given (a) No. (c) FMV (or estimate) (See instructions.) (d) from Date received Part I BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	3 (Form 990, 990-EZ, or 990-PF) (2019)			1 1 Page 4
Name of organ FURNISH	nization HING HOPE INC.			Employer identification number 20-0049351
	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribu ompleting Part III, enter the total of (Enter this information once. See	tor. Complet of exclusive	escribed in section 501(c)(7), (8), te columns (a) through (e) and ely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	 	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
BAA				dule B (Form 990, 990-EZ, or 990-PF) (2019)

601	SCHEDULE D Supplemental Financial Statements				OMB No. 1545-0047		
	(Form 990) ► 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.				20)19	
Depar	tment of the Treasury al Revenue Service	► Go to www.irs	Attach to Form 990. gov/Form990 for instructions and the	latest information.		Open Inspec	to Public
	of the organization		-		Employer id	dentification	
		NG HOPE INC.			20-004	9351	
Par	t I Organizat Complete	tions Maintaining Donc if the organization ans	o <mark>r Advised Funds or Other Simi</mark> wered 'Yes' on Form 990, Part I'	lar Funds or Acc V, line 6.	ounts.		
			(a) Donor advised funds	(b) F	unds and	other acco	ounts
1		end of year					
2		ntributions to (during year)					
3 4		ants from (during year)					
		2					
5	are the organizati	ion's property, subject to the	nor advisors in writing that the assets he organization's exclusive legal control?.		· · · · · · · L	Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that gr t of the donor or donor advisor, or for a	ny other purpose cor	iferring	Yes	No
Par		tion Easements.	warad 'Vac' on Form 000, Dort I'	V line 7			
1			wered 'Yes' on Form 990, Part I' y the organization (check all that apply)				
•		f land for public use (for exam		reservation of a histo	ricallv imp	ortant lan	d area
		natural habitat		eservation of a certif	5 1		
	Preservation	of open space					
2			held a qualified conservation contribution ir	n the form of a conserv	vation ease	ment on th	ie
	last day of the tax	x year.			lold at the	End of th	e Tax Year
	Total number of a	conservation easements					
			ments	-			
	-	-	fied historic structure included in (a)				
c	Number of conse	rvation easements included i	n (c) acquired after 7/25/06, and not on	a historic			
	structure listed in	the National Register		2 d			
3	tax year ►		nsferred, released, extinguished, or termina	ated by the organizatio	n during th	e	
4		where property subject to conse					
5			garding the periodic monitoring, inspec nts it holds?		ations,	Yes	No
6			inspecting, handling of violations, and enfo				
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing	g conservation easeme	ents during	the year	
8	Does each conse	rvation easement reported on (4)(4)(B)(ii)?	n line 2(d) above satisfy the requiremer	nts of section 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, descu include, if applica conservation ease	able, the text of the footnote	ports conservation easements in its reve to the organization's financial statemen	enue and expense stats that describes the	atement a organizati	nd balance on's acco	e sheet, and unting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Treasu wered 'Yes' on Form 990, Part I	res, or Other Sin V, line 8.	ilar Ass	ets.	
1:	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its rev Id for public exhibition, education, or re al statements that describes these items	search in furtherance	balance s e of public	heet work service, p	s of art, provide in
ł	following amounts	s relating to these items:	r FASB ASC 958, to report in its revenu or public exhibition, education, or research			t works of provide the	art, ;
	、 /		line 1				
~							
2	It the organization amounts required	received or held works of art, I to be reported under FASB	nistorical treasures, or other similar assets ASC 958 relating to these items:	tor financial gain, prov	vide the fol ► \$	lowing	
			·				

BA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L	8/22/19	 S
	b Assets included in Form 990, Part X			
	•••••••••••••••••••••••••••••••••••••••			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FURN				20-004		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Histo	prical Treasures, or	Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	i, accession, and	d other records, check a	ny of the following that mal	ke significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather the sole to	ition solicit or re han to be main	eceive donations of ar tained as part of the o	t, historical treasures, or rganization's collection?.	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangeme	ents. Complete if t	he organization answ		rm 990, Pa	rt IV,
1 a Is the organization an agent, trus				assets not included		
on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement	in Part XIII an	d complete the followi	ng table:		Amount	<u> </u>
c Beginning balance					Amount	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an a					Yes	No
-				-		
b If 'Yes,' explain the arrangement	in Part XIII. Cr	neck here it the explan	nation has been provided			
Part V Endowment Funds. C	omplete if th	ne organization an	swered 'Yes' on For	m 990 Part IV lir	10	
Lindowinent i unds. O	(a) Current ve			(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance	., ,					
b Contributions					+	
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the current	t year end balance (lin	ne 1g, column (a)) held as	S:	-	
a Board designated or quasi-endowm	ient 🕨	00				
b Permanent endowment	010					
c Term endowment ►	0/0					
The percentages on lines 2a, 2b, a	nd 2c should equ	ual 100%.				
3 a Are there endowment funds not in t	the possession c	of the organization that a	are held and administered f	or the		-1
organization by:					Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	-	•			. 3b	
4 Describe in Part XIII the intended		rganization's endowme	ent funds.			
Part VI Land, Buildings, and						. 10
Complete if the organi						
Description of property	(ā	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment			53,194.	20,218.	32	2,976.
e Other						
Total. Add lines 1a through 1e. (Colum	ın (d) must equ	ial Form 990, Part X, d	column (B), line 10c.)			2,976.
BAA				Schedu	ule D (Form 99	

Schedule [D (Form 990) 2019 FURNISHING HOPE II	NC.	20-00	49351 Page 3
	Investments – Other Securities. Complete if the organization answered		N/A	
(a) Desc	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financ	ial derivatives			
• • •	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
<u>(H)</u>				
(l)				
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII	Investments – Program Related.		N/A	
	Complete if the organization answered (a) Description of investment	<pre>1 'Yes' on Form 990 (b) Book value</pre>		
(1)	(a) Description of investment	(D) BOOK Value	(c) Method of valuation: Cost or end	-or-year market value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) ►			
	Other Assets. Complete if the organization answered	I 'Yes' on Form 990), Part IV, line 11d. See Form 9	90, Part X, line 15.
(4)	(a) De	scription		(b) Book value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Total. (Co	lumn (b) must equal Form 990, Part X, column (B) line 15.)	•	
Part X	Other Liabilities.			•
-	Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
1. (1) Fede	ral income taxes	iption of liability		(b) Book value
(1) 1 eue				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(8)				
(10)				
(11)				
Total. (Colun	nn (b) must equal Form 990, Part X, column (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.....

Schedule D (Form 990) 2019 FURNISHING HOPE INC.	20-0049351	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2019

►	Complete if the	e organizations answere	d 'Yes	' on Form 990,	Part IV, lines	29 or 30.
	··· · · -					

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

20-0049351

Department of the Treasury Internal Revenue Service Name of the organization

FURNISHING HOPE INC.	Part I Types of Property
	FURNISHING HOPE INC.

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash		letermir	
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications							
5	Clothing and household goods	Х		205,207.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities – Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles.							
19	Food inventory							
20	Drugs and medical supplies							
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 of	luring the tax	vear for contributions for	r which the				
	organization completed Form 8283, Part IV, Done				29			
					LI		Yes	No
20-	During the year, did the graphization reasive by east	ibution only n	concrete reported in Dort	L lines 1 through 20 that				
50a	During the year, did the organization receive by contr it must hold for at least three years from the date							
	for exempt purposes for the entire holding period					30 a		Х
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance poli	icy that requi	res the review of any i	nonstandard contributio	ns?	31		Х
	Does the organization hire or use third parties or noncash contributions?	related organ	nizations to solicit, pro	cess, or sell		32 a		Х
h	If 'Yes,' describe in Part II.					JZa		Λ
	If the organization didn't report an amount in colu describe in Part II.	ımn (c) for a	type of property for w	hich column (a) is chec	ked,			
BAA	For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.		Schedu	ıle M (F	orm 99)) 2019

Page 2 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.

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

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

OMB No. 1545-0047	'
2019	

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FURNISHING HOPE INC.

20-0049351

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

DECISIONS SUBJECT TO APPROVAL OF MEMBERS ARE ANY EXPENDITURES OR OTHER CAPITAL

DISBURSEMENT IN EXCESS OF \$5,000.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

PROCEDURES ARE IN PLACE FOR BOARD OF DIRECTORS TO BE RECUSED FROM VOTING ON ANY

MATTER, WHERE A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL COMPENSATION FOR OFFICES OF THE

ORGANIZATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS APPROVES ALL COMPENSATION FOR DIRECTORS AND TOP MANAGEMENT OFFICIALS.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

ALL PUBLIC DOCUMENTS ARE PROVIDED UPON REQUEST WITHIN 30 DAYS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

Form	990

(Rev. January 2020)

Department of the Treasury

Public Disclosure Copy

F	Return	of	Orga	nizati	ion	Exe	empt	Fro	om	Inc	or	ne	Tax	
								-						

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.

Open to Public Inspection

OMB No. 1545-0047

		enue Service			-	aan ior ilist		id the latest li		n.		inspection	
			dar year, or tax	year begi	nning		, 20	119, and endir	ıg	1_		,	
в	Check	if applicable:	С									ification number	
	A	ddress change	FURNISHING							20-	0049		
	N	ame change	3857 BIRCH										
	Ir	iitial return	NEWPORT BE	LACH, (LA 92660					(94	9) 6	44-9106	
	Fi	nal return/terminated											
	A	mended return								G Gross re	eceipts	\$1,254,	971.
	A	pplication pending	F Name and addre	ess of princip	al officer: EL	IZABETH	L. PHI	LLIPS	.,	a group retur		103	X _{No}
			SAME AS C	ABOVE					H(b) Are al	ll subordinates ," attach a list.	include	d? Yes	No
I	Tax	-exempt status:	X 501(c)(3)	501(c) () • (insert no.)	4947(a)(1) or 527	11 140,	, апасна пэт.	. (300 III.	30 00013)	
J	We	bsite: ► FU	RNISHINGHO	PE.ORG	Ĵ				H(c) Group	exemption nu	umber 🕨	•	
Κ	Forr	n of organization:	X Corporation	Trust	Association	Other ►		L Year of format	tion: 200)3 MIs	State of I	egal domicile: CA	
Pa	rt I	Summar	v					•					
	1	Briefly descri	be the organizat	ion's miss	sion or most	significant	activities:	FURNISHIN	G HOME	S FOR	FAMI	LIES IN	
е		CRISIS,	IN COORDIN	ATION	WITH MII	LITARY	SERVICE	MEMBERS	, VETE	RANS AN	ID VA	ARIOUS OTH	IER
anc		ORGANIZA	TIONS.										
ŝ													
Activities & Governance	2		ox ►if the c									sets.	
s G	3		oting members o								3		6
es é	4		dependent votin								4		5
vitie	5 6		of individuals end of volunteers (e								56		25
\cti	7a		ed business reve		• •						0 7a		<u> 100 </u> 0.
1			l business taxab								7b		0.
										Prior Year		Current Ye	
	8	Contributions	and grants (Pa	rt VIII, line	e 1h)					1,075,9	64		,255.
Revenue	9		vice revenue (Pa							661,3			,716.
ver	10		ncome (Part VIII,							,.			<u>,</u>
Re	11	Other revenu	e (Part VIII, colu	ımn (A), l	ines 5, 6d, 8	c, 9c, 10c,	and 11e)						
	12	Total revenue	e – add lines 8 t	hrough 11	1 (must equa	al Part VIII,	column (A), line 12)		1,737,2	272.	1,254	,971.
	13	Grants and s	imilar amounts p	oaid (Part	IX, column	(A), lines 1	-3)						
	14	Benefits paid	to or for member	ers (Part I	IX, column (A), line 4).							
6	15	Salaries, othe	er compensation	, employe	ee benefits (F	⊃art IX, co	lumn (A), li	nes 5-10)		413,151.		296	,210.
Expenses	16a	Professional	fundraising fees	(Part IX,	column (A),	line 11e).							
per	b	Total fundrais	sing expenses (F	Part IX. co	olumn (D). Iir	ne 25) ►							
EX	17		ses (Part IX, colu							1,015,4	30	002	,876.
	18		es. Add lines 13							1,428,5		1,289	
	19		expenses. Sub							308,6			,000. ,115.
- 8	15					12				ing of Curren		End of Ye	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16).							717,2			,137.
\ese Bali	21		s (Part X, line 2							111,2	0.	005	<u>,137.</u> 0.
det J und	22		fund balances.							717,2		602	
	rt II	Signatur		Subliact					•	/1/,2	.52.	003	,137.
_		5		nined this rei	turn including of			totomonto and to	the best of r		محط اممان	of it is true somest	
comp	olete. D	eclaration of prepa	eclare that I have exar arer (other than officer) is based or	n all information	of which prepa	arer has any kn	owledge.	the best of r	ny knowledge	and ben	er, it is true, correct	, anu
Sic	ın	Signatu	re of officer						D	ate			
Sig He	re	ELT.	ZABETH L.	РНТТ.Т.Т	PS				EXEC	UTIVE I	TR		
			print name and title		10								
		Print/Type p	preparer's name		Preparer's sig	gnature		Date		Check	if	PTIN	
Pai	Ы	MARK F	. VON ROTZ	CPA	Md.	~/				self-employe		P00486617	
	epar				NALLEN I			1			-		
Us	e Or	Ily Firm's addre			E STE 30					Firm's FIN	▶ 11.	-0746749	
			IRVINE		2606-102					Phone no.		4) 978-130	10
May	/ the	IRS discuss th	is return with the				nstructions)				(/1'	X Yes	No
····~)													

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Public Disclosure Copy

Form	า 990	(2019)	FURNISHING HOPE	INC.		20-004935	1 Pa	age 2
Par	t III			rvice Accomplishments				
	Duite			response or note to any line in this Pa	art III			
I		-	be the organization's mis		Ο ΤΝΑ ΠΤΟΝ ΜΤΠΟ ΜΤ		TCF	
				ILLIES IN CRISIS, IN COOP		LIIARI SERV		
	MEN	<u>IDERS</u> ,	VETERANS AND VE	RIOUS OTHER ORGANIZATION	12			
2	Did tl	he organi	zation undertake any signif	cant program services during the year wh	ich were not listed on the pr	rior		
							Yes X	No
			ribe these new services on				_	
3				, or make significant changes in how it	conducts, any program se	ervices?	Yes X	No
			ribe these changes on Sche					
4	Sect	tion 501(0	organization's program s c)(3) and 501(c)(4) organ if any, for each program	ervice accomplishments for each of its zations are required to report the amo service reported.	unt of grants and allocatio	ons to others, the t	d by expense otal expense	es. es,
4 a	a (Cod	le:) (Expenses \$	1,286,339. including grants of	\$)(Revenue \$	304,71	6.)
			IG FURNITURE AND	SUPPLIES FOR FAMILIES IN	I CRISIS, COORDIN			
				HERO'S OF AMERICA, CRIS				
				AGENCY COMPLETED THE FU)
				HE ORGANIZATIONS THEY HA	VE AND CONTINUE	TO SUPPORT	MEMBERS	
	ANL		RANS, SINCE INCE	<u>P110N</u>				
					1	+		
41	o (Cod	de:) (Expenses \$	including grants of	\$)(Revenue \$)
-) (Evenence ¢	including grapts of	<u>خ</u> ک	Devenue ¢		
40	: (Cod) (Expenses \$)	including grants of	۲ <u> </u>	Revenue \$)
4 0	l Othe	er progra	m services (Describe on S	Schedule O.)				
		program	\$	including grants of \$) (Revenue \$)	
4 e			n service expenses	1,286,339.				

Public Disclosure Copy

Form 990 (2019)FURNISHING HOPE INC.20-0049351FDetailComparisonComparisonComparisonComparison				
Part IV Checklist of Required Schedules				No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ł	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> .	11 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		1		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II.*

Form 990 (2019)

Х

21

	1 990 (2019) FURNISHING HOPE INC. 20-00493	51	F	Page 4
Pa	t IV Checklist of Required Schedules (continued)			1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
~~	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	_		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		Х	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>			Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I			X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections			
34	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	and Part V, line 1	-		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
I	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	t 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			
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	6	Yes	No
)		
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
BAA	(gambling) winnings to prize winners?	1 c Form	X 990 ((2019)

Form 990 (2019) FURNISHING HOPE INC. 20-004	49351	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a	25		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		у Х	1
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	38	a 🗌	Х
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	31	5	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	a	Х
b If 'Yes,' enter the name of the foreign country►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	a	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51)	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	:	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	,		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	a	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61		
7 Organizations that may receive deductible contributions under section 170(c).		-	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		v
services provided to the payor?	7:		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	· · · · · 7)	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	2	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		:	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	79	3	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
 Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 	· · · · · 7	1	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	•••••	_	
9 Sponsoring organizations maintaining donor advised funds.a Did the sponsoring organization make any taxable distributions under section 4966?	98		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		_	
		, ,	
a Initiation fees and capital contributions included on Part VIII, line 12			
	_		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	3	
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
	14		X
14 a Did the organization receive any payments for indoor tanning services during the tax year?			
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	141	י	-
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	1	х
excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.			
			V
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			

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Form	n 990 (2019) FURNISHING HOPE INC. 20-0049351		Ρ	age 6
Par	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	low,	and	for
	Schedule O. See instructions.			77
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	ction A. Governing Body and Management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Tes	No
L				
	b Enter the number of voting members included on line 1a, above, who are independent 1b <u>5</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	2		X
	Did the organization make any significant changes to its governing documents	-		
	since the prior Form 990 was filed?	4		<u>X</u>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		
ł	members of the governing body?	7 a		X
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?	7 b	Х	_
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
ł	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
ł	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ł	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEE.SCHEDULE.Q	12 c	Х	
13	5	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management officialSEE .SCHEDULEO	15a	Х	
ł	b Other officers or key employees of the organizationSEE .SCHEDULE. O.	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed F			
18				ly)
	X Own website Another's website X Upon request X Other (explain on Schedule O)	SEE S	SCH.	0
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► ELIZABETH PHILLIPS 221 PALMER B COSTA MESA CA 92627 949-630-8240			

Form 990 (2019) FURNISHING HOPE INC.	20-0049351	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	es, and
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 Compens	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endin organization's tax year.	ng with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ations), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of 'ke 	ey employee.'	

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

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

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

See instructions for the order in which to list the persons above.

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

				(C)						
(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	ğ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH L. PHILLIPS	40_	v		v				22.000	0	0
EXECUTIVE DIR. (2) ALLEN BOERNER	0	Х		Х				33,000.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(3) CHARLES E. BRADLEY	1									
DIRECTOR	0	Х						0.	0.	0.
	$-\frac{1}{0}$	Х						0.	0.	0.
(5) LINDA TUGGLE	1									0.
DIRECTOR	0	Х						0.	0.	0.
(6) JOHN_VIRTUE DIRECTOR/CFO	<u>1</u>	Х		Х				0.	0.	0.
		•		Λ				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
		-								
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Form 990 (2019) FURNISHING HOPE INC.			_						20-004935			ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C)												
(A) Name and title	(B) Average hours per week	box,	, unles	Pos heck ss pe	sition more erson	e than o is both pr/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) ated amo	ount
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the o an	n sation t rganizati d related anization	on
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal c Total from continuation sheets to Part VII, Section								33,000. 0.	0.			0.
d Total (add lines 1b and 1c)							▶	33,000.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	/e) v	who	receiv	/ed	more than \$100,00	0 of reportable comp	ensatio	n	
3 Did the organization list any former officer, direc	tor, truste	e, ke	ey en	nplo	oyee	e, or h	nigh	lest compensated	employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc4 For any individual listed on line 1a, is the sum of	reportab	le coi	mpe	nsa	ition	and	othe	er compensation		. 3		X
the organization and related organizations greate such individual										. 4		Х
 5 Did any person listed on line 1a receive or accruit for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors 	e comper s,' comple	satio ete Sc	n fro chedi	ule	any <i>J fo</i>	unrei r sucl	ate h pe	d organization or erson		. 5		Х
 Complete this table for your five highest compen compensation from the organization. Report compen 	sated ind sation for	epeno the ca	dent alenc	cor dar y	ntrao year	ctors f endin	tha ng w	t received more th vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business add	ress				-		-	(B) Description o		(Compe	C) ensatio	n
2 Total number of independent contractors (including b	out not lim	ited to	o tho	se l	istec	l abov	/e) v	who received more	than			

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		0 (2019) FURNIS			E IN	С.			20-0049351	Page 9
Par	t VI	II Statement of	Rev	venue						_
		Check if Schedul	le O	contains	a resp	onse or note to any	y line in this Part V	ΊΙΙ		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a	Federated campaig	ins .		1 a					
ran	b	Membership dues.			1 b					
5 M	с	Fundraising events			1 c					
ar /	d	Related organization	ons.		1 d					
mii C	е	Government grants (cont	tributi	ions)	1 e					
ŝ	f	All other contributions, g								
her		similar amounts not incl			1 f	950,255.				
Ę	g	Noncash contributions in lines 1a-1f.	iclude	ed in	1 g	205,207.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a					950,255.			
<u>e</u>						Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Program Service Revenue	2a	FURNITURE_PF	ROGI	RAM	Ī	900099	304,716.	304,716.		
Ве	b						ł			
ice	с									
Serv	d									
Ĕ	е									
gra	f	All other program s	servi	ce revenu	ie					
Ă	g	Total. Add lines 2a	-2f .				304,716.			
	3	Investment income (inclu	ding divid	ends, i	nterest, and	•			
		other similar amou								
	4 Income from investment of tax-exempt bond p									
	5	Royalties								
			-	(i) R	eal	(ii) Personal				
		Less: rental expenses	6b							
		Rental income or (loss)		Ļ						
	d	Net rental income of	or (Ic							
	7 a	Gross amount from		(i) Secu	irities	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	~	Gain or (loss).	7c							
		Net gain or (loss).				►				
					· · · · · · ·					
ne	8a	Gross income from fund (not including \$	raisin	g events						
Ver		of contributions reported	l on li	ne 1c).						
Ве		See Part IV, line 18		-	8	a				
er	b	Less: direct expense			8	b				
Other Revenue		Net income or (loss			ising e	events ►				
-	92	Gross income from gami	ing ac	tivities						
	34	Gross income from gami See Part IV, line 19			9	a				
		Less: direct expense			9					
	С	Net income or (loss	s) fro	om gamin	g activ	vities ►				
	10a	Gross sales of inventory,	less							
		returns and allowances			10	a				
		Less: cost of goods			10	-				
	С	Net income or (loss	s) fro	om sales	of inve					
SU						Business Code				
ରୁ ଶ	11a b c d									
ent	b									
e G	C									
Miscellaneous Revenue										
		Total. Add lines 11								
	12	Total revenue. See	Inst	tructions.		•••••••••••••••••••••••••••••••••••••••	1,254,971.	304,716.	0.	0.

Form 990 (2019) FURNISHING HOPE INC 20-0049351 Page 10 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. (A) (B) (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 2 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 0. 33,000 33,000 0 Compensation not included above to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages 242,461 242,461 Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 20,749 20,749 Fees for services (nonemployees): 11 a Management c Accounting..... 350 350 d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column q 16,640 16,640. (A) amount, list line 11g expenses on Schedule 0.).... Advertising and promotion..... 12 5,842. 5,842. 13 Office expenses 8,487 6,090 2,397 Information technology..... 14 15 Royalties.... Occupancy..... 147,032. 147,032. 16 17 Travel 1,284 1,284 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. Conferences, conventions, and meetings.... 19 20 Interest Payments to affiliates..... 21 22 Depreciation, depletion, and amortization.... 10,382. 10,382. 23 Insurance 32,503 32,503 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a <u>PURCHASE OF FURNITURE</u> 660,055 660,055 **b** TAXES AND LICENSES 34,646 34,646 14,343 • MOVING EXPENSES 14,343 13,517 13,517 d <u>UTILITIES</u> 47,795 47,795 e All other expenses..... 1,289,086 25 Total functional expenses. Add lines 1 through 24e. . . 1,286,339 2,747 0. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational

Check here 🕨

campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720).....

		(2019) FURNISHING HOPE INC.	20-0049351 Page 11				
Pa	rt X	Balance Sheet					_
		Check if Schedule O contains a response or note to	o any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing				1	
	1 2	Savings and temporary cash investments			45,944.	2	27,843.
	2	Pledges and grants receivable, net.		2			
	۲ ۲	Accounts receivable, net		-		4	
	•	,		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er, director, outor, or 35%		5		
	6	Loans and other receivables from other disqualified pe	ersons	(as defined under			
	-	section 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net		7			
ts	8	Inventories for sale or use			615,615.	8	614,998.
Assets	9	Prepaid expenses and deferred charges			9		
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1				
	b	Less: accumulated depreciation.	10b	20,218.	43,358.	10 c	32,976.
		Investments – publicly traded securities			40,000.	11	52,570.
	12	Investments – other securities. See Part IV, line 11.	-		12		
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11			12,335.	15	7,320.
	16	Total assets. Add lines 1 through 15 (must equal line			717,252.	16	683,137.
				,		· · · · · ·	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		_		18	
	19	Deferred revenue		_		19	
~	20	Tax-exempt bond liabilities				20	
ties	21	Escrow or custodial account liability. Complete Part I		_		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor. or	35%		22	
	23	Secured mortgages and notes payable to unrelated th	ird par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	S		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
es		Organizations that follow FASB ASC 958, check here	•	Х			
no		and complete lines 27, 28, 32, and 33.		_			
ala	27	Net assets without donor restrictions			717,252.	27	683,137.
dB	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her				
Ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	nd		30		
SS	31	Retained earnings, endowment, accumulated income,	er funds		31		
∋t A	32	Total net assets or fund balances		717,252.	32	683,137.	
Ň	33	Total liabilities and net assets/fund balances			717,252.	33	683,137.

Form	1 990 (2019) FURNISHING HOPE INC. 20-	00493	851	P	age 12				
Par	t 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	1	,254,	971.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,289,					
3	Revenue less expenses. Subtract line 2 from line 1	3		-34,					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain 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		683,	137.				
Par	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				П				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both:	ed on a							
	Separate basis, consolidated basis, or both.								
b	were the organization's financial statements audited by an independent accountant?			2 b	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate							
	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?	, 		2 c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3 a	a 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?			3 a	Х				
t	a 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			3 b					
BAA	TEEA0112L 01/21/20		Fo	orm 990	(2019)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public
Inspection

OMB No. 1545-0047

2019

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

Internal	Revenue Service						•			
	f the organization NISHING HOPE INC.			Employer identifica						
Part		arity Status (All or	rganizations must o	comple	te this					
	rganization is not a private found									
1	A church, convention of church									
2	A school described in section									
3	A hospital or a cooperative h		•		•	Miii).				
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 in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general put	blic described			
8	A community trust described									
9	An agricultural research organi or university or a non-land-gra									
	university:									
10	X An organization that normally i from activities related to its of investment income and unre June 30, 1975. See section	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ons, and	(2) no r	nore than 33-1/3% of i	ts support from gross			
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).				
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in									
а	 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 organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ion(s). You			
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connectio	n with, ai A. D. an	nd functio	onally integrated with, its	supported			
d	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting org	anization operated in cor must satisfy a distribu	nnection	with its s	supported organization(s)) that is not			
e	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Type	e III functionally			
	Enter the number of supported	organizations								
g	Provide the following informatio	n about the supported	d organization(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

	dule A (Form 990 or 990-EZ) 201					20-0049353	
Par	t II Support Schedule for						(vi)
	(Complete only if you checked organization fails to qualify	l the box on line 5, under the tests lis	7, or 8 of Part I or sted below, pleas	if the organization e complete Part I	n failed to qualify ur II.)	nder Part III. If the	
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	Γ	•	I	1	-	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and						►
_	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from	•			•		%
16a	33-1/3% support test–2019. If t and stop here. The organization	he organization d qualifies as a pu	id not check the l blicly supported o	box on line 13, ar	nd line 14 is 33-1/	3% or more, check	< this box
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization di I qualifies as a pu	d not check a box	k on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est-2019. If the o meets the 'facts- s-and-circumstand	rganization did no and-circumstance ces' test. The org	ot check a box or es' test, check this anization qualifies	n line 13, 16a, or 1 s box and stop he s as a publicly su	6b, and line 14 is r e. Explain in Part oported organizatio	10% ∶VI how m►
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	re. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see ins	structions 🕨

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FURNISHING HOPE INC

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 (c) 2017 Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.') ... 512,799 467,779 960,488 1,075,964 950,255 3,967,285. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose... 0. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. <u>61,187</u> 1,631 237,356 661,308 304,716 1,266,198. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge ... Ω Total. Add lines 1 through 5... 573,986 469,410 1 197,844 737 272 254 971 5. 233 483. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons... 0 0 0 0 0 0. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 0 0 0 0 0 0. c Add lines 7a and 7b.... 0 0 0 0 0 0. Public support. (Subtract line 7c from line 6.). 5,233,483. Section B. Total Support (c) 2017 (e) 2019 (a) 2015 (b) 2016 (d) 2018 Calendar year (or fiscal year beginning in) > (f) Total 9 Amounts from line 6..... 573,986 469,410. 1,197,844. 1. 737,272 1,254,971 5,233,483. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 0 0 0. 0. 0 0. Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI.)... 13 Total support. (Add lines 9, 10c, 11, and 12.)..... 573,986. 469,410. 1,197,844. 1,737,272. 5,233,483. 1,254,971 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 ► organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))..... % 15 100.00 16 Public support percentage from 2018 Schedule A, Part III, line 15. 16 100.00 8 Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))..... 17 18 Investment income percentage from 2018 Schedule A, Part III, line 17..... 18 0.00 % 19a 33-1/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization **b** 33-1/3% support tests - 2018. 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 gualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20 BAA TEEA0403L 07/03/19 Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 FURNISHING HOPE INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- **2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **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)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 FURNISHING HOPE INC. 20-0049351 Part IV Supporting Organizations (continued) 20-0049351

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Page 5

Yes

1

2

No

Tublic Disclosure Copy			
Schedule A (Form 990 or 990-EZ) 2019 FURNISHING HOPE INC.		20-00)49351 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organiza	rust on Nov tions must	 20, 1970 (explain in complete Sections A 	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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 sho tax year or assets held for part of year):	ort		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally i	ntegrated	Type III supporting or	ganization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)					
Sec	Section D – Distributions							
1	Amounts paid to supported organizations to accomplish exempt put	rposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,					
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
c	From 2016							
d	From 2017							
e	P From 2018							
1	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
_	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
	Excess from 2016							
c	Excess from 2017							
d	Excess from 2018							
e	Excess from 2019							

BAA

Schedule A (Form 990 or 990-EZ) 2019

Page 8 20-0049351 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.) Part VI

*Public Disclosure Copy	*
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SCHEDULE D (Form 990) 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.							OMB No. 1545-0047 2019 Open to Public	
Department of the T Internal Revenue Se	ervice	► Go to www.irs	.gov/Form990 for instructions an	d the latest infor	mation.		Inspec	tion
Name of the organiz	zation					Employer i	dentification r	number
רנוזים	ATCUTNO	HOPE INC.				20-004	10251	
			or Advised Funds or Other	Similar Fund	s or Acc		19321	
			wered 'Yes' on Form 990, F			Jountsi		
	-	-	(a) Donor advised fun	ds	(b) F	unds and	other acco	ounts
1 Total nun	nber at end	of year						
2 Aggregate v	alue of contribu	itions to (during year)						
3 Aggregate v	alue of grants f	rom (during year)						
4 Aggregate	e value at e	nd of year						
5 Did the or are the or	rganization i rganization's	inform all donors and dor s property, subject to the	nor advisors in writing that the as organization's exclusive legal cor	sets held in dono htrol?	or advised	funds	Yes	No
6 Did the or	rganization i	inform all grantees, dong	rs, and donor advisors in writing	that grant funds	can be us	ed only		
			t of the donor or donor advisor, or				Yes	No
		n Easements.						
			wered 'Yes' on Form 990, F	Part IV, line 7.				
			y the organization (check all that		-			
			ple, recreation or education)	Preservation	of a histo	rically imp	oortant land	d area
	ction of nati		· · ·	Preservation	of a certi	fied histor	ic structure	9
Prese	ervation of o	pen space						
	lines 2a thro of the tax ye		neld a qualified conservation contribution	ution in the form o	of a conser	vation ease	ement on th	e
						leld at the	e End of the	e Tax Year
b Total acre	eage restrict	ted by conservation ease	ments		2 b			
c Number o	of conservat	ion easements on a certi	fied historic structure included in	(a)	2 c			
structure	listed in the	National Register	n (c) acquired after 7/25/06, and		2 d			
3 Number o tax year ►		n easements modified, trar	nsferred, released, extinguished, or t	terminated by the	organizatio	on during th	ne	
			ervation easement is located ►					
and enfor	rcement of t	he conservation easement	garding the periodic monitoring, ints it holds?			L	Yes	No
►			inspecting, handling of violations, ar	5			5 5	ar
7 Amount of ►\$	f expenses in	ncurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conservati	ion easem	ents during	the year	
8 Does eac and section	h conservat on 170(h)(4)	ion easement reported or)(B)(ii)?	n line 2(d) above satisfy the requi	rements of sectio	on 170(h)((4)(B)(i)	Yes	No
include, i	III, describe f applicable, tion easeme	, the text of the footnote	oorts conservation easements in it to the organization's financial stat	ts revenue and e tements that des	xpense st cribes the	atement a organizat	ind balance ion's accou	e sheet, and unting for
Part III Ord	ganizatior	ns Maintaining Colle	ctions of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or O Part IV, line 8.	ther Sin	nilar Ass	sets.	
historical	treasures, c	or other similar assets he	r FASB ASC 958, not to report in Id for public exhibition, education Il statements that describes these	, or research in f	ement and urtheranc	l balance : e of public	sheet work service, p	s of art, provide in
following	amounts re	lating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or re					art,
			line 1					
••								
			historical treasures, or other similar a ASC 958 relating to these items:					
			1					
			e Instructions for Form 990.					rm 990) 2019

BAA	For Paperwork	Reduction	Act Notice,	see the	Instructions	for Form 990.
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Schedule D (Form 990) 2019 FURN	ISHING HO	OPE IN	iC.				20-004	9351		Page 2
Part III Organizations Mainta				orica	Treasures, or	r Other	Similar Ass	sets (co	ontinu	ied)
 3 Using the organization's acquisitior items (check all that apply): a ☐ Public exhibition 	i, accession, a	nd other		-	-	nake signit	ficant use of its	collection	n	
					hange program					
b Scholarly research			e Other	r						
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.					0					
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds rather the sold to raise funds rather the solution of the sol	tion solicit or han to be ma	receive intained	donations of an as part of the o	rt, hist organi:	orical treasures, c zation's collection	or other s ?	imilar assets	Yes	Г	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	nents. Form	Complete if 990, Part X,	the o line	rganization an 21.	swered	'Yes' on Fo	orm 990), Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?								Yes		No
b If 'Yes,' explain the arrangement							1	Amount	L	
- Designing holeses						1.		Amount		
c Beginning balance										
d Additions during the year						-				
e Distributions during the year										
f Ending balance.										
2 a Did the organization include an a							-		L	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the expla	nation	has been provide	ed on Par	t XIII		· · · · L	
Part V Endowment Funds. C	omplete if	the org	janization ar	nswei	red 'Yes' on Fo	orm 990), Part IV, Iii	n <u>e 10.</u>		
	(a) Current	year	(b) Prior yea	ar	(c) Two years back	(d)	Three years back	(e) F	our year	's back
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships								-		
e Other expenditures for facilities and programsf Administrative expenses	-									
•								-		
g End of year balance										
2 Provide the estimated percentag		ent year e		ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowm			010							
b Permanent endowment ►	00	i								
c Term endowment	010									
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100	%.							
3 a Are there endowment funds not in t	the nossessior	of the o	ranization that	are he	d and administered	t for the				
organization by:	110 0035035001		gamzation that					Γ	Yes	No
(i) Unrelated organizations								. 3a(i)		
(ii) Related organizations								. 3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ated organiza [.]	tions list	ed as required	on Sc	hedule R?			• •		1
4 Describe in Part XIII the intended	-									1
Part VI Land, Buildings, and		-								
Complete if the organ			'Yes' on For	m 99	0, Part IV, line	e 11a. S	ee Form 99	0, Parl	t X, li	ne 10.
Description of property		(a) Cost (in)	or other basis vestment)	(b	Cost or other casis (other)	(c) Ac dep	cumulated reciation	(d) ⊟	Book va	alue
1 a Land		Ì	· · · ·	1						
b Buildings										
c Leasehold improvements										
d Equipment					53,194.		20,218.		20	,976.
e Other				<u> </u>	55,194.		20,210.		32	,910.
		l augl Farr	m 000 Part V		p(P) line 10e		►			076
Total. Add lines 1a through 1e. (Colum	iii (u) must ee	yudi FOri	11 990, Part X,	coium	н (<i>в),</i> IIПе IUC.)					<u>,976.</u>
BAA							Sched	lule D (Fo	orm 990	J) 2019

Schedule D (Form 990) 2019

	O (Form 990) 2019 FURNISHING HOPE I	NC.		20-0049351 Page 3
Part VII	Investments – Other Securities. Complete if the organization answere	d 'Yos' on Form 990	N/A Nativ line 116 Se	o Form 000 Port V lino 12
(a) Desci	ription of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
	ial derivatives		(-)	
	held equity interests			
(3) Other				
$\frac{(A)}{(B)}$				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H) (I)				
(I) Total (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.)	•		
	Investments – Program Related.		N/A	
	Complete if the organization answere), Part IV, line 11c. See	
	(a) Description of investment	(b) Book value	(c) Method of valuation: C	cost or end-of-year market value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🎙	>		
Part IX	Other Assets. Complete if the organization answere	N/A	Dort IV/ line 11d Sev	Earm 990 Bart V line 15
	· · ·	escription	, Fait IV, iiile Tiu. Sei	(b) Book value
(1)		·		
(2)				
(3)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered 'Yes' on	Form 000 Part IV line 11	1 or 11f Soo Form 000 Pari	t V line 25
1.		ription of liability		(b) Book value
(1) Fede	ral income taxes			
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of the f			
iax positions	under FASB ASC 740. Check here if the text of the footnote ha	as been provided in Part All.		

Schedule D (Form 990) 2019 FURNISHING HOPE INC.	20)-0049351 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue per R	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	-	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b	·····	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII Reconciliation of Expenses per Audited Financial Statement		Return. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses.	2c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part XIII Supplemental Information.		

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

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-0049351

FURNISHING HOPE INC.Part ITypes 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	Meth noncash	od of o contril	determir	ning mounts	
1	Art – Works of art								
2	Art – Historical treasures								
3	Art – Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		205,207.	FMV				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities – Publicly traded								
10	Securities – Closely held stock								
11	Securities - Partnership, LLC, or trust interests .								
12	Securities – Miscellaneous								
13	Qualified conservation contribution – Historic structures								
14	Qualified conservation contribution – Other								
15	Real estate – Residential								
16	Real estate – Commercial								
17	Real estate – Other								
18	Collectibles.								
19	Food inventory.								
20	Drugs and medical supplies								
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 of	Iuring the tax	vear for contributions for	or which the					
	organization completed Form 8283, Part IV, Done				29				
							Yes	No	
30a	During the year, did the organization receive by contr	ibution any n	roperty reported in Part I	L lines 1 through 28 that					
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					30 a		Х	
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?							Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32 a		Х	
b	If 'Yes,' describe in Part II.								
	If the organization didn't report an amount in colu describe in Part II.	ımn (c) for a	type of property for w	hich column (a) is chec	ked,				
BAA	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 201								

Schedule M (Form 990) 2019 FURNISHING HOPE INC.

20-0049351 Page 2 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.

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

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

OMB No. 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

FURNISHING HOPE INC.

Employer identification number

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

DECISIONS SUBJECT TO APPROVAL OF MEMBERS ARE ANY EXPENDITURES OR OTHER CAPITAL

DISBURSEMENT IN EXCESS OF \$5,000.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

PROCEDURES ARE IN PLACE FOR BOARD OF DIRECTORS TO BE RECUSED FROM VOTING ON ANY

MATTER, WHERE A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL COMPENSATION FOR OFFICES OF THE

ORGANIZATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS APPROVES ALL COMPENSATION FOR DIRECTORS AND TOP MANAGEMENT OFFICIALS.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

ALL PUBLIC DOCUMENTS ARE PROVIDED UPON REQUEST WITHIN 30 DAYS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.