CLIFTONLARSONALLEN LLP 2210 EAST ROUTE 66 GLENDORA, CA 91740

> FURNISHING HOPE INC. 3857 BIRCH STREET, NO. 503 NEWPORT BEACH, CA 92660

lldaadddladhalladaalf

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CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

Furnishing Hope Inc. 3857 Birch Street No. 503 Newport Beach, CA 92660

Dear Elizabeth:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by November 15, 2021 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$75, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

A few final reminders relating to your tax return filings:

• There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

FURNISHING HOPE INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2020

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Department of the Treasury	For calendar year 2020, or fiscal year beginning, 2020, and ending, 2020, and ending	, 20	2020
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	<u>_</u>	
Name of exempt organization of	or person subject to tax	Taxpayer identi	fication number
FURNISHING HOP	PE INC.	20-0049	9351
Name and title of officer or per			
ELIZABETH L PH EXECUTIVE DIR Part I Type of F	IILLIPS Return and Return Information (Whole Dollars Only)		
	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	om the return. If	vou
check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on the	Pa, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter applicable line below. Do not complete more than one line in Part I.	n this form was pred -0- on the	
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ere b Dotal revenue, if any (Form 990-EZ, line 9)	1b	988,402.
	ere b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check	······································		
4a Form 990-PF check here 5a Form 8868 check here			
6a Form 990-T check her			
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b	
Part II Declarat	on and Signature Authorization of Officer or Person Subject to Tax	ζ	
Under penalties of perjury,	I declare that X I am an officer of the above organization or I am a person sub , (EIN)		
to receive from the IRS (a) processing the return or ret Agent to initiate an electror software for payment of the a payment, I must contact (settlement) date. I also aut confidential information ne	nediate service provider, transmitter, or electronic return originator (ERO) to send the ret an acknowledgement of receipt or reason for rejection of the transmission, (b) the reaso fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d hic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this is the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior horize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun-	on for any delay lesignated Finan ne tax preparatio account. To revo to the payment axes to receive personal	in cial n
X I authorize CL	IFTONLARSONALLEN LLP	to enter my PIN	49351
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a s) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme s' disclosure consent screen. The son subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	entioned ERO to e on the tax year a state agency(ie	urn is being filed with enter my 2020
		Data 🕨	
Signature of officer or person subjection Part III Certification	tion and Authentication	Date 🕨	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 95405255902 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informations Returns.		
ERO's signature 🕨 TINA	HENTON Date ► 11/	01/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Red	uction Act Notice, see instructions.	Fo	rm 8879-EO (2020)
023051 11-03-20			

Form **990**

OMB No. 1545-0047 **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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public
Inspection

ΑF	or th	e 2020 calendar year, or tax year beginning an	d ending		
	Check if			D Employer identific	cation number
	Addr	FURNISHING HOPE INC.			
	Name	pe Doing business as		20-00493	51
	Initia		Room/su	ite E Telephone number	
	Final		503	(949) 644	4-9106
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,229,217.
	Amer	NEWPORI BEACH, CA 92000		H(a) Is this a group re	
	Appli tion pend		JIPS	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) or 🔄 5		list. See instructions
		te: FURNISHINGHOPE.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ► Summary	L Y	ear of formation: 2003 N	State of legal domicile: CA
		Briefly describe the organization's mission or most significant activities: FURI	лтенти	IC HOMES FOR F	AMTLITES IN
e	1	CRISIS, IN COORDINATION WITH MILITARY SE			
Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or disp			
veri	3				
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			5
о Со	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			9
itie	6	Total number of volunteers (estimate if necessary)			80
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	[950,255.	844,080.
Revenue	9	Program service revenue (Part VIII, line 2g)		304,716.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	144,322.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,254,971.	988,402.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		296,210.	146,523.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, and the second	b	Total fundraising expenses (Part IX, column (D), line 25)		000 050	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		992,876.	617,267.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,289,086.	763,790.
		Revenue less expenses. Subtract line 18 from line 12		-34,115.	224,612.
S Or			-	Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	····· -	683,137.	907,749.
Net Assets or	21	Total liabilities (Part X, line 26)		0. 683,137.	<u> </u>
	art II	Net assets or fund balances. Subtract line 21 from line 20		003,137.	507,749.
		alties of perjury, I declare that I have examined this return, including accompanying schedul	lee and state	mente and to the heet of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of v			תווטשובעשב מווע שבוובו, וג 31

Sign Here	Signature of officer ELIZABETH L. PHILLIPS, Type or print name and title	EXECUTIVE DIR.	Date
Paid	Print/Type preparer's name TINA HENTON	Preparer's signature Date TINA HENTON 11/01	
Preparer	Firm's name 🕒 CLIFTONLARSONALLE	EN LLP	Firm's EIN ▶ 41-0746749
Use Only	Firm's address 2210 EAST ROUTE 6	66	
	GLENDORA, CA 9174	40	Phone no. (626) 857-7300
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) FURNISHING HOPE INC.	20-0049351	Pag
ar	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	L
	Briefly describe the organization's mission:		
	FURNISHING HOMES FOR FAMILIES IN CRISIS, IN COORDINATIO		RY
	SERVICE MEMBERS, VETERANS AND VARIOUS OTHER ORGANIZATIO	DNS.	
	Did the organization undertake any significant program services during the year which were not listed on the		T
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		- 23
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and	d
	revenue, if any, for each program service reported.		
		evenue \$ 144,3	
	PROVIDING FURNITURE AND SUPPLIES FOR FAMILIES IN CRISIS		3
	WITH SUCH ORGANIZATIONS AS WOUNDED HERO'S OF AMERICA, C		
	PATHWAYS OF HOPE, COLET'S CHILDREN HOMES, ETC. THE AGEN	ICY COMPLETED T	CHE
	FURNISHING OF 700 HOMES THIS YEAR AND OVER 87 HOMES FOR	ALL THE	
	ORGANIZATIONS THEY HAVE AND CONTINUE TO SUPPORT MEMBERS	AND VETERANS,	,
	SINCE INCEPTION.		
	(Code:) (Expenses \$ including grants of \$) (Re	evenue\$	
	(Code:) (Expenses \$ including grants of \$) (Re		
	Other program services (Describe on Schedule O.)		
		`	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 730,644.)	

2 2020.05000 FURNISHING HOPE INC.

Form 990 (2020) FURNISHING H Part IV Checklist of Required Schedules FURNISHING HOPE INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule D, Part II	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?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
_	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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	13		
10	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? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i> -		
	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? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		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
032003	12-23-20		990 ((2020)

Form **990** (2020)

2020.05000 FURNISHING HOPE INC.

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Form	<u>990 (2020)</u> FURNISHING HOPE INC. 20-004	9351	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	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		X
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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · ·		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	7		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
032004	12-23-20	Form	9 90	(2020)
	4			

^{2020.05000} FURNISHING HOPE INC. 237-7051

Form	990 (2020) FURNISHING HOPE INC. 20-0049	351	Р	_{age} 5		
Par	t 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 Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	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	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb				
	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		x		
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).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	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		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8						
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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 13b					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
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		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.		0000	(0000)		
		-		(0000)		

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 Form 990 (2020)
 FURNISHING HOPE INC.
 20-0049351
 Page 6

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a
 8b
 or 10b
 below
 describe the circumstances
 processes
 or changes on Schedule O
 See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
ec	tion A. Governing Body and Management			111
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
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?				Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes." provide the names and addresses on Schedule O	9		Х

			res	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (avalain on Schodulo O			

19	Describe on Schedule (O whether (and if so, how) the	organization made its gov	erning documents, conflict of interest policy, and financial
	statements available to	the public during the tax year	r.	
~~	<u> </u>			

6

20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 🕨	▶
	ELIZABETH PHILLIPS - 949-630-8240	
	221 PALMER B, COSTA MESA, CA 92627	

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Form **990** (2020)

Form 990 (2020)	FURNISHING HOPE INC.	20-0049351	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees,	Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees	
1a Complete this table	for all persons required to be listed. Report compensation for the calenda	ar year ending with or within the organization's	s tax year.
0	anization's current officers, directors, trustees (whether individuals or org. , (E), and (F) if no compensation was paid.	anizations), regardless of amount of compens	ation.
 List all of the orga 	anization's current key employees, if any. See instructions for definition o	f "key employee."	
I ist the organizat	ion's five current highest compensated employees (other than an officer of	director trustee or key employee) who receive	ed report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(B)						(D)	(E)	(F)
Name and title	Average	/erage (do not ch					ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	lirecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-1015C)		organization and related
	below	dual ti	itiona		nploy	st cor	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH L. PHILLIPS	40.00									
EXECUTIVE DIRECTOR		Х		Х				86,000.	0.	0.
(2) JOHN VIRTUE	1.00									
DIRECTOR		Х						0.	0.	0.
(3) LINDA TUGGLE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) RENEE PEPYS LOWE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CHARLES E. BRADLEY	1.00									
DIRECTOR/CFO		Х		Х				0.	0.	0.
		_								
		_								
		4								
		-								
		<u> </u>			⊢					
		-								
032007 12-23-20				_	-					Form 990 (2020)

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2020.05000 FURNISHING HOPE INC.

	990 (2020) FURNISHIN	IG HOPE	IN	C.						20-004	1935	1 1	-age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)												
	(A) Name and title	(B) Average hours per week	box offic	not c , unle:	Pos heck i ss per	ition more rson i:	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)) c	ompens from t organiza and rela rganiza	he ation ated
	Subtotal								86,000.).		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.).		0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	•		0
												Yes	-
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>			-	•	-		Ŭ	• • •		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			x
5	Did any person listed on line 1a receive or a	iccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services			
Sect	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or si	ıch r	oers	on .				5		X
1	Complete this table for your five highest con	•	•							•	nsation	from	
	the organization. Report compensation for t (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	<u>the organization's tax y</u> (B)	ear.		(C)	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	Com	oensati	on
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos C		ted	above) who received mo	pre than			

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Form **990** (2020)

			2020) FURNISHING	HOPE INC.			20-0049	351 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a resp	onse or note to any lin	e in this Part VIII <u></u> (A) Total revenue	(B) Related or exempt		(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
An C			Fundraising events 1c					
ilar İlar			Related organizations 1d	41 000				
Sins,			Government grants (contributions) 1e	41,988.				
her		T	All other contributions, gifts, grants, and similar amounts not included above 1f	802,092.				
d trib		g	Noncash contributions included in lines 1a-1f					
and		h	Total. Add lines 1a-1f		844,080.			
				Business Code				
e	2	а						
ervi		b						
ven S ven		c d						
Program Service Revenue		u e						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends,					
	-		other similar amounts)					
	4		Income from investment of tax-exempt be					
	5		Royalties	al (ii) Personal				
	6	а	Gross rents 6a	(
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d		>				
	7	а	Gross amount from sales of (i) Secur	ities (ii) Other				
		L	assets other than inventory 7a					
e		D	Less: cost or other basis and sales expenses					
venue		с	Gain or (loss)					
			Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not including \$ of					
U			contributions reported on line 1c). See					
			Part IV, line 18	8a				
			Less: direct expenses					
	_		Net income or (loss) from fundraising eve					
	9	а	Gross income from gaming activities. See					
		þ	Part IV, line 19 Less: direct expenses					
			Net income or (loss) from gaming activitie					
			Gross sales of inventory, less returns					
			and allowances					
			Less: cost of goods sold		144 200	144 200		
		С	Net income or (loss) from sales of invento		144,322.	144,322.		
sn	44			Business Code				
neo	11	a b						
ellaneo evenue		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d	►				
	12		Total revenue. See instructions	►	988,402.	144,322.	0.	0.
03200	9 12-	23-	20					Form 990 (2020)

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FURNISHING HOPE INC. Form 990 (2020) 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 respons			(C)	
	not include amounts reported on lines 6b, 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 foreign				
	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	86,000.	56,287.	29,713.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	F.C. 410	EC 410		
7	Other salaries and wages	56,419.	56,419.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	A 10A	A 104		
10	Payroll taxes	4,104.	4,104.		
11	Fees for services (nonemployees):				
	Management	405		105	
	Legal	405. 2,255.		<u>405.</u> 2,255.	
	Accounting	4,400.		4,200.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	28,068.	28,068.		
40	column (A) amount, list line 11g expenses on Sch 0.)	21,159.	21,159.		
12 12	Advertising and promotion	6,841.	6,068.	773.	
13 14	Office expenses	889.	889.	115•	
14 15	Information technology Royalties	005.			
15 16	Occupancy	98,557.	98,557.		
17	Travel	729.	729.		
18	Payments of travel or entertainment expenses	, 25 0	, 200		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,382.	10,382.		
23	Insurance	39,280.	39,280.		
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 0.)				
а	PURCHASE OF FURNITURE	118,205.	118,205.		
b	PAYROLL FEES	116,193.	116,193.		
с	PROGRAM EXPENSE	52,000.	52,000.		
d	MOVING EXPENSES	40,368.	40,368.		
е	All other expensesSEE_SCH_O	81,936.	81,936.		
25	Total functional expenses. Add lines 1 through 24e	763,790.	730,644.	33,146.	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 Figure if following SOP 98-2 (ASC 958-720)				Form 990 (2020

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rm 9 Part		2020) FURNISHING HOP Balance Sheet	E INC	•		20-0	049351 Page 1
		Check if Schedule O contains a response or note	e to any lin	e in this Part X			
			2		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			27,843.	1	112,875
	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					
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person	is (as defined			
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
0	7	Notes and loans receivable, net				7	
ASSEIS	8	Inventories for sale or use			614,998.	8	614,960
ξļ	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	203,194.			
	b	Less: accumulated depreciation	10b	30,600.	32,976.	10c	172,594
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			7,320.	15	7,320
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		683,137.	16	907,749
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21	
ß	22	Loans and other payables to any current or form	er officer,	director,			
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons	······		22	
- :	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third part	ies		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-				
		of Schedule D		····· -		25	
-	26	Total liabilities. Add lines 17 through 25			0.	26	(
<u>,</u>		Organizations that follow FASB ASC 958, che	ck here				
2		and complete lines 27, 28, 32, and 33.			COD 107		007 740
ž I	27			····· -	683,137.	27	907,749
	28					28	
5		Organizations that do not follow FASB ASC 9	68, check	here 🕨 🛄			
5	00	and complete lines 29 through 33.					
3	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq		Γ		30	
ן אַ ג	31	Retained earnings, endowment, accumulated inc			600 100	31	007 740
	32	Total net assets or fund balances		I	683,137.	32	907,749
	33	Total liabilities and net assets/fund balances			683,137.	33	907,749 Form 990 (20

Form	990 (2020) FURNISHING HOPE INC.	20-004	9351	Page	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		,402	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,790</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		,612	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	683	,137	1.
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	907	,749).
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> L</u>	
				Yes N	10
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- I	
b	·····		2b	2	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	<u> </u> 2	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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Public Charity Status and Public Support Service of the service	SC	HE	DULE A		Dublic Cho	rity Status on		uia Cu	unnart		OMB No. 1545-0047				
	(Fo	rm 9	90 or 990-EZ)			-					2020				
Internal Revence Service Co to www.irs.gov/Form990 for instructions and the latest information. Imspection PURISHING HOPE INC. Employer identification number 20 - 0049351 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because its: (For Instructions and even to box) A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-EZ)) A school described in section 170(b)(1)(A)(ii). A church, convention of churches, or association described in section 170(b)(1)(A)(ii). A church, convention operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A church, convention operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Complete Part II) A deferal, state, or local governmental unit described in section 170(b)(1)(A)(i). Complete Part II) A community trust described in section 170(b)(1)(A)(i). Complete Part II) A an agricultural research organization described in section 170(b)(1)(A)(i). Complete Part II) A an agricultural research organization described in section 170(b)(1)(A)(i). Complete Part II) A an agricultural research organization described in section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III) A organization transmally receives (1) more than 33 1/3% of its support from contributions, divert support from groes investment income and unrelated business taxable income (iess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III) A organization organization described in section 170(b)(1)(A)(ii) former than 33 173% of its support form groes investment income and unrelated busines									or a section		Ζυζυ				
Name of the organization Employer identification number 20-0049351 FURNISHING HOPE INC. Employer identification number 20-0049351 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 700(b)(1)(A)(i). 2 A choice (argoarch organization operated in conjunction with a hospital described in section 1700(b)(1)(A)(ii). Enter the hospital's name, city, and state: 3 A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(1)(A)(ii). (Complete Part II.) 6 A forganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 1700(b)(1)(A)(v). (Complete Part II.) 7 A norganization that normally receives (1) more than 31 3/3% of its support from contributions, membership fees, and gross receipts from activities related to bins exempt functions, subject to carplic exclusively to the benefit of subject by a government and as a 1/3% of its support from contributions, membership fees, and gross receipts from activities related to bins exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to bins exempt functions, subject to estation section 509(a)(2). Cocet the college or university: <tr< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th></tr<>											-				
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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations (i)			income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.				
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g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions)	f	Ent													
organization (i) 2117 (ii) 2117 (iii) 2117 (g	Pro	vide the followi	ng information											
			.,		(ii) EIN		(iv) Is the orga in your govern	anization listed ing document?							
			organization				Yes	No	support (see ir	istructions)	support (see instructions)				
Total	Tota	al													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 FURNISHING HOPE INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(.,	(1) = = = =	(-) =	(,	(-/	()
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	· · · · · · · · · · · · · · · · · · ·						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructio	uns)			12	
	First 5 years. If the Form 990 is for th	(/				
	organization, check this box and stop						
Sec	tion C. Computation of Publi		-				······ •
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, o	olumn (f))		14	%
	Public support percentage from 2019		•			15	%
	33 1/3% support test - 2020. If the c					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	rganization did no	t check a box on l				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o				
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	0					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				
	<u> </u>		,				· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			100000			4000566
_	include any "unusual grants.")	467,779.	960,488.	1075964.	950,255.	844,080.	4298566.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,631.	237,356.	661,308.	304,716.	144,322.	1349333.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	469,410.	1197844.	1737272.	1254971.	988,402.	5647899.
7a	Amounts included on lines 1, 2, and					010 110	
	3 received from disqualified persons				561,002.	212,419.	773,421.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
~	amount on line 13 for the yearAdd lines 7a and 7b				561,002.	212 419.	773,421.
	Public support. (Subtract line 7c from line 6.)				301/0021	212/1190	4874478.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	469,410.	1197844.	1737272.	1254971.	988,402.	5647899.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	469,410.	1197844.	1737272.	1254971.	988,402.	5647899.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here)
	tion C. Computation of Publi					[06 21
	Public support percentage for 2020 (I					15	86.31 % 89.28 %
	Public support percentage from 2019 ction D. Computation of Invest					16	89.28 %
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from 2		D 1 1 1 1 1			18	••••• <u>%</u>
	33 1/3% support tests - 2020. If the	•					
	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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			15				

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Schedule A (Form 990 or 990 EZ) 2020 FURNISHING HOPE INC.

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Yes No

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

Section A. All Supporting Organizations

Part IV | Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 FURNISHING HOPE INC.

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization? 11	a	
b	A family member of a person described in line 11a above? 11	b	
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	•	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported		
2	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.		
Sec	tion C. Type II Supporting Organizations		<u> </u>
		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).		
Sec	tion D. All Type III Supporting Organizations	I	<u> </u>
		Yes	No

			res	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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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 tha	the organization used to satis	y 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	a governmental entity (see instruction <u>s).</u>
-----	--	---	---

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" 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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2020.05000 FURNISHING HOPE INC.

Yes No

Schedule A (Form 990 or 990-EZ) 2020 FURNISHING HOPE INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instru				Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 FURNISHING HOPE INC.

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Par	t V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			_	
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e			_	
g	Applied to underdistributions of prior years			-	
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$			_	
<u>a</u>	Applied to underdistributions of prior years			-	
	Applied to 2020 distributable amount			_	
C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			-	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			_	
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Sign Envelo	pe ID: A069414F-09EF-4C28-B607-B58E0495BE6D		
Schedule A	(Form 990 or 990-EZ) 2020 FURNISHING HOPE INC.	20-0049351	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,

FURNISHING HOPE INC.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

20-0049351

2020

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
CONSUMER PORTFOLIO					
SERVICES	0.	0.	0.	50,000.	60,000.
LIVING SPACES	0.	0.	0.	141,000.	52,000.
HOUZZ	0.	0.	0.	350,002.	8,752.
SWENSON FAMILY FOUNDATION	0.	0.	0.	20,000.	91,667.
Total to Schedule A, Part III, Line 7a				561,002.	212,419.

023172 04-01-20

DocuSign Envelope ID: A069414F-09EF-4C28-B607-B58E0495BE6D

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

20-0049351

	FURNISHING	HOPE	INC.	
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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
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is the set in the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is the set in the set is the set is the set is the set in the set is the set i

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

20-0049351

FURNISHING HOPE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONSUMER PORTFOLIO SERVICES 3800 HOWARD HUGHES DR. LAS VEGAS, NV 89169	\$60,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LIVING SPACES 14501 ARTESIA BLVD. LA MIRADA, CA 90638	- \$\$52,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JEFF BLACKMORE TRUST 27840 DEL RIO RD. TEMECULA, CA 92590	- \$\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	HOUZZ 285 HAMILTON AVE. PALO ALTO, CA 94301	- _ \$ <u>8,752.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SWENSON FAMILY FOUNDATION 34372 COVE LANTERN DANA POINT, CA 92629	\$91,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 023452 11-25	CALIFORNIA FOUNDATION FOR STRONGER COMMUNITIES 2111 PALOMAR AIRPORT DR., STE. 320 CARLSBAD, CA 92011	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
020402 11-20		Schedule D (FOITH	330-LL, 01 330-F1 / (2020)

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2020.05000 FURNISHING HOPE INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

20-0049351

FURNISHING HOPE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ILLUMINATION FOUNDATION1091 N. BATAVIA ST.ORANGE, CA 92867	\$ <u>176,762.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVE #200 LOS ANGELES, CA 90018	\$ <u>15,876.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CITY NET PO BOX 4508 ATLANTIC AVE., STE 292 LONG BEACH, CA 90807	\$13,819.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	AMIGOS DE LOS NINOS 330 BASSE LN. BREA, CA 92821	\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KNIGHT FAMILY FOUNDATION 200 S. BISCAYNE BLVD., SUITE 3300 MIAMI, FL 33131	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JOE DEL SIGORE 17595 CARTWRIGHT IRVINE, CA 92611	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

11251106 131839 237-705088-00

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Name of organization

20-0049351

FURNISHING HOPE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	CHRIS AND RICK WULF VIA FIDELITY CHARTIABLE 139 WHITAKER LN. HINGHAM, MA 02043	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	JOELLYN FINN 46 LA PALOMA DANA POINT, CA 92629	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CAROL L. WHEELER 9771 OVERHILL DR. SANTA ANA, CA 92705	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16 </u>	CICI PERRIER 1818 GALAXY RD. NEWPORT BEACH, CA 92660	\$ <u>16,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	JUXTAPOSITION LA 14701 ARMINTA, UNIT A-1 PANORAMA CITY, CA 91402	\$34,740.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 023452 11-25	<u>CB2</u> <u>3333 BEAR ST.</u> <u>COSTA MESA, CA 92625</u>	\$ <u>25,411.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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2020.05000 FURNISHING HOPE INC.

FURNISHING HOPE INC.

Name of o	organization
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Employer identification number

20-0049351

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
<u>19</u>	JEFF BLACKMORE 27840 DEL RIO RD. TEMECULA, CA 92590	- \$ <u>75,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
	REBECCA L. VIRTUE 429 SNUG HARBOR NEWPORT BEACH, CA 92663	- _ \$ <u>75,000.</u> -	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- _ \$	Person Payroll Noncash Contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- \$\$	Person Payroll OKAN COMPLEXITY (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
023452 11-25		- \$	Person Payroll Oronaction (Complete Part II for noncash contributions.)				
020402 11-25		Schedule D (FORM	330, 330-LZ, 01 330-PF) (2020)				

2020.05000 FURNISHING HOPE INC. 237-7051

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Name of o	organization
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Employer identification number

20-0049351

FURNISHING HOPE INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STAGING DECOR		
17			
		\$34,740.	03/25/20
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	MISC. HOUSEHOLD ITEMS		
18			
		\$ 25,411.	02/27/20
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		, , ,	
10	VACANT LAND		
19			
			11/24/20
		\$75,0001	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	VACANT LAND		
20			
			11/04/00
		\$75,000.	11/24/20
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(-)			
(a) No	n. \	(c)	/ -11
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Bate received

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11251106 131839 237-705088-00

2020.05000 FURNISHING HOPE INC.

Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)		Page 4							
Name of org	anization		Employer identification number							
	UTNA HADE TNA		20,0040251							
PORNISI	HING HOPE INC. Exclusively religious, charitable, etc., contributio	ns to organizations described in se	20 - 0049351 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
i ai t iii	from any one contributor. Complete columns (a)	through (e) and the following line en	try. For organizations							
	completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) $\blacktriangleright \Phi$							
(a) No. from										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
			=							
		(e) Transfer of gif	t							
	Transferacia nome address an		Polotionship of transforor to transforos							
-	Transferee's name, address, and		Relationship of transferor to transferee							
· ·										
-										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I	(~)	(0) 000 01 9.11	(-,							
.										
·										
· ·										
	(e) Transfer of gift									
_	Transferee's name, address, and	Relationship of transferor to transferee								
.		[
·										
(a) No. from	(b) Purpose of gift		(d) Description of how gift is held							
Part I	(b) Fulpose of gift	(c) Use of gift	(a) Description of now girt is neid							
.										
·										
·										
		(e) Transfer of gif	t							
		(, 0								
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee							
.										
-		[
-		[
(a) No.		I								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
.										
.										
	(e) Transfer of gift									
	Transferee's name, address, and	Relationship of transferor to transferee								
Γ.										
.										
.										
I										

2020.05000 FURNISHING HOPE INC.

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(Form 990) SCHEDULE D (Form 990) ► Complete if the orga Part IV, line 6, 7, 8, 9, 10,			the organiz 8, 9, 10, 11	zation answered " a, 11b, 11c, 11d, ⁻	Yes" on Fo	orm 990,		2020
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/	Atta	ach to Form 990.				Open to Public Inspection
	e of the organizati		<u></u>				Emp	oloyer identification number
	-	FURNISHING HOPE					-	20-0049351
Par	rt I Organiza	ations Maintaining Donor A	dvised F	unds or Other	Similar F	Funds or Ac	cour	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Pa	rt IV, line 6					
				(a) Donor advi	sed funds	(b) Fun	ds and other accounts
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	-	on inform all donors and donor advis		-				Yes N
6	Did the organizatio	on's property, subject to the organiz on inform all grantees, donors, and o loses and not for the benefit of the o	donor advis	sors in writing that	grant funds	can be used o	nly	Yes N
D.		ate benefit?						
Par		ation Easements. Complete in				m 990, Part IV,	line 7.	
1		servation easements held by the org	· ·		<u></u>			
		of land for public use (for example	recreation	i or education)				important land area
	—	f natural habitat		L	Preserv	vation of a certi	riea nis	storic structure
2		n of open space through 2d if the organization held	a qualified	conconvation contr	ibution in th	bo form of a co	acon (a	tion assemant on the last
2	day of the tax year	v v	a quaimeu	conservation contr		le lonn of a col	Serva	Held at the End of the Tax Yes
а		onservation easements					2a	
b							2b	
c	•	vation easements on a certified hist					2c	
		vation easements included in (c) ac						
	listed in the Natior	nal Register					2d	
3		vation easements modified, transfer					zation	during the tax
	year 🕨							
4		where property subject to conserva						
5	Does the organiza	tion have a written policy regarding	the period	ic monitoring, inspe	ction, hanc	dling of		
		orcement of the conservation easer						
6	Staff and voluntee	r hours devoted to monitoring, insp	ecting, har	idling of violations,	and enforci	ing conservatio	n ease	ements during the year
7			a hondling	of violations and		anaan atian aa		to during the year
7	Amount of expens ► \$	es incurred in monitoring, inspectin	g, nandling	of violations, and	enforcing co	onservation eas	semen	ts during the year
8		vation easement reported on line 2(d) above s	atisfy the requireme	nte of socti	ion 170(b)(4)(B)	(i)	
Ū)(4)(B)(ii)?	,	•			.,	Yes N
9		be how the organization reports cor						
	,	d include, if applicable, the text of th				•		
	organization's acc	ounting for conservation easements	3.	C C				
Par	rt III Organiza	ations Maintaining Collection	ons of A	rt, Historical Ti	easures,	, or Other S	imila	r Assets.
	Complete it	f the organization answered "Yes" o	n Form 99	0, Part IV, line 8.				
1a	•	elected, as permitted under FASB		•				
	of art, historical tre	easures, or other similar assets held	for public	exhibition, education	on, or resea	rch in furtherar	ice of p	oublic
		Part XIII the text of the footnote to						
b	-	elected, as permitted under FASB		-				
		sures, or other similar assets held fo	-	nibition, education,	or research	n in furtherance	of pul	olic service,
	-	ing amounts relating to these items:					•	¢
		ded on Form 990, Part VIII, line 1						ው ው
2		ed in Form 990, Part X						φ
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:							
я	-	on Form 990, Part VIII, line 1		-				\$
		Form 990, Part X						*\$
		···,······	<u> </u>					
b		eduction Act Notice, see the Instr	uctions fo	r Form 990.				Schedule D (Form 990) 20

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Sche		ING HOPE I						20-00	49351	. Pa	age 2	
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, or	r Other	Similar	Assets	(contin	ued)		
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	make sig	gnificant u	se of its	·	,		
	collection items (check all that apply):											
а	Public exhibition				hange progra							
b	Scholarly research		e 🗌 (Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	in how the	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.			
5	During the year, did the organization solicit of					er similar a	assets		-		_	
	to be sold to raise funds rather than to be ma								Yes		No	
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	on answered '	'Yes" on l	Form 990	, Part IV, I	ine 9, or			
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custodi		•						٦		٦	
	on Form 990, Part X?							∟	Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:					• •			
	5 · · · · ·								Amount			
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance Did the organization include an amount on F								Yes		No	
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • •	L]	
Par								<u></u>			<u></u>	
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back	
1a	Beginning of year balance				()		(, ···· <u>)</u>			<i>j</i>		
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
с	Term endowment	<u>%</u>										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administer	ed for the	e organiza	tion	-			
	by:									Yes	No	
	(i) Unrelated organizations								3a(i)			
	(ii) Related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiza								3b			
	Describe in Part XIII the intended uses of the		owment fu	unds.								
Far	t VI Land, Buildings, and Equipm					Devt V						
	Complete if the organization answere		· ·						())			
	Description of property	(a) Cost or o basis (invest		• •	t or other (other)	• •	cumulate preciation	d	(d) Book	value	Э	
4 -	Land	1 5 0	000.	Dasis	(other)	uep			150		00.	
	Land		000.						150	, , 01	50.	
	Buildings											
	Leasehold improvements			5	3,194.		30,60		22	2 50	94.	
	Equipment				,,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		55,00	···	<u> </u>	., J.	/ = •	
	Other		V octor	n (D) line 1	(00)				172	2.50	94.	
IUI	in de miles ra tribugir re. [Column (a) MUST é	<u>qual FUIII 990, Pan</u>	A, COIUM	<u>u (D), ine l</u>	UC.J			Schedule				
							•		m			

032052 12-01-20

Part VII Investments - Other Securities.

FURNISHING HOPE INC. Schedule D (Form 990) 2020

Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related		

Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities.	
Part)	C Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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) 2020

►

032053 12-01-20

Sche	dule D (Form 990) 2020 FURNISHING HOPE INC.		20-0049351 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Ра	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>,)</u>	
Ра	rt 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.

032054 12-01-20

SCI	HEDULE M		Nonc	ash Contr	ibutions		OMB No. 1545-0047
(Fo	rm 990)		_	2020			
Departr	nent of the Treasury	 Complete if the org Attach to Form 990 		answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	Open to Public
	Revenue Service			r instructions and	the latest information.		Inspection
Name	of the organization	יש - גער אין				Employ	yer identification number
		FURNISHING H	OPE IN	с.			20-0049351
Par	t I Types of	Property	-	•	-		
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) nod of determining a contribution amounts
1	Art - Works of art						
		Isures					
		erests					
4		ations					
5		ehold goods	X		60,151.	FMV	
6		nicles					
7							
8		ty					
9		y traded					
10		y held stock					
	Securities - Partne						
12		laneous					
13	Qualified conserva Historic structures	tion contribution -					
14		tion contribution - Other					
15	Real estate - Resid						
16		mercial					
17		r	X	1	150,000.	APPRAIS	SAL
18							
19							
20		l supplies					
21							
22							
23		ns					
		acts					
25	Other 🕨 ()					
26	Other ► ()					
27	Other ► ()					
28	Other 🕨 ()					
29	Number of Forms	8283 received by the organi	ization during	g the tax year for co	ontributions		
	for which the orga	nization completed Form 82	283, Part V, D	onee Acknowledg	ement		
							Yes No
30a	During the year, di	d the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	
	must hold for at lea	ast three years from the dat	e of the initia	I contribution, and	which isn't required to be us	sed for	
	exempt purposes t	for the entire holding period	?				30a X
b		the arrangement in Part II.					
31	Does the organizat	tion have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	ions?	31 X
32a	Does the organizat			-	cit, process, or sell noncash		32a X
b	If "Yes," describe i						
			column (c) fo	r a type of property	/ for which column (a) is cheo	cked,	
	describe in Part II.						
LHA	For Paperwork	Reduction Act Notice, see	the Instruct	tions for Form 990).	Sc	hedule M (Form 990) 2020

032141 11-23-20

 $11251106 \ 131839 \ 237-705088-00$

Schedule M	l (Form 990) 2020	FURNISHING	HOPE	INC.	20	-0049351	Page 2
Part II	Supplemental is reporting in Part	Information. Pro	vide the in	formation required by Part I, lines 30b, 32b, and 3 ntributions, the number of items received, or a con	3, and wl nbination	nether the organiza of both. Also comp	tion
032142 11-23-2	20					Schedule M (Form	990) 2020

11251106 131839 237-705088-00

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (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. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization FURNISHING HOPE INC. 20-0049351

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VARIOUS OTHER ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

LINE 7B EXPLANATION - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ARE ANY

EXPENDITURES OR OTHER CAPITAL DISBURSEMENT IN EXCESS OF \$5,000.

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

LINE 11B EXPLANATION - FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND BOARD

OF DIRECTORS PRIOR TO FILING.

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

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, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES ALL COMPENSATION FOR DIRECTORS AND TOP

MANAGEMENT OFFICIALS.

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

THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 18:

ALL PUBLIC DOCUMENTS ARE PROVIDED UPON REQUEST WITHIN 30 DAYS.

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

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 35

11251106 131839 237-705088-00

2020.05000 FURNISHING HOPE INC.

Schedule O (Form 990 or 990-EZ) 2020	Page 2				
Name of the organization	Employer identification number				
FURNISHING HOPE INC.	20-0049351				

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FORM 990, PART IX, LINE 24E, ALL OTHER FUNC	TIONAL EXPENSES:
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	32,180.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,180.
OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	13,475.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,475.
UTILITIES:	
PROGRAM SERVICE EXPENSES	11,836.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,836.
BANK SERVICE CHARGES:	
PROGRAM SERVICE EXPENSES	10,153.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,153.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	6,736.
032212 11-20-20 36	Schedule O (Form 990 or 990-EZ) 202

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36 2020.05000 FURNISHING HOPE INC. 237

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FURNISHING HOPE INC.	Employer identification number 20-0049351
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,736.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5,614.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,614.
POSTAGE AND SHIPPING:	
PROGRAM SERVICE EXPENSES	1,942.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,942.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	81,936.

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990	-		-		-		
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	MACHINERY & EQUIPMENT	12/31/17	SL	7.00		16	4,500.				4,500.	1,023.		643.	1,666.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,500.				4,500.	1,023.		643.	1,666.
	TRANSPORTATION EQUIPMENT														
1	TRUCK * 990 PAGE 10 TOTAL	12/31/17	SL	5.00		16	48,694.				48,694.	19,195.		9,739.	28,934.
	TRANSPORTATION EQUIPMENT * GRAND TOTAL 990 PAGE 10						48,694.				48,694.	19,195.		9,739.	28,934.
	DEPR		_	_			53,194.				53,194.	20,218.		10,382.	30,600.
			_	_											
				_											
				_											

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

_	202	O Annual Information Return				199	
Ca	lendar Year	2020 or fiscal year beginning (mm/dd/yyyy) , and ending	(mm/dd/yy	yy)			
Co	poration/Org	inization name	Cal	ifornia corp	oration	number	
_					~		
		HING HOPE INC.		2539	255)	
Ad	ditional inform	ation. See instructions.			040	251	
Str	eet address (s	uite or room)		20-0 PMB no.	043	755I	
		IRCH STREET, NO. 503					
Cit			State	ZIP code			
N	EWPOR	Г ВЕАСН	CA	9266	0		
For	eign country	name Foreign province/state/county		Foreign p	ostal c	ode	-
A	First retu			•	•		
В		return					
C		on 4947(a)(1) trust Yes X No J If exempt under R&TC 3					
D		mation return? engaged in political acti					
Е		(mm/dd/yyyy) ● If "Yes," enter the gross counting method: (1) Cash (2) X Accrual (3) Other L Is the organization a lim	-				
F		turn filed? (1) \bullet 9907 (2) \bullet 990PF (3) \bullet Sch H (990) M Did the organization file					
		Dther 990 series report taxable income?					
G		roup filing? See instructions • Yes 🔀 No 🛛 Is the organization under					
H		panization in a group exemption Yes 🔀 No 🛛 IRS audited in a prior ye	ear?			• Yes X No	
	lf "Yes," v	that is the parent's name? 0 Is federal Form 1023/10				Yes 🗶 No	
		Date filed with IRS					
	Part I 0	amplete Dart I unless not required to file this form. Can Cancel Information D and C					
-		omplete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	385 137 0	_
		 2 Gross dues and assessments from members and affiliates 			2		
		Gross contributions, gifts, grants, and similar amounts received			3		
		4 Total gross receipts for filing requirement test. Add line 1 through line 3.	STMT	3			
	Receipts	This line must be completed. If the result is less than \$50,000, see General Information B		•	4	1,229,217 0	0
	and	5 Cost of goods sold 5	240,8	15 00			
ſ	levenues	6 Cost or other basis, and sales expenses of assets sold 6		00			
		7 Total costs. Add line 5 and line 6			7		
_		8 Total gross income. Subtract line 7 from line 4		•	8		
E	xpenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			9		
	•				10	-	
		 11 Total payments 12 Use tax. See General Information K 		_	11 12		
		 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 			13		
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		_	14		• Yes X No ion • Yes X No ion • Yes X No • O • Yes X No • O •
	g · · · ·	15 Penalties and Interest. See General Information J			15		
					16	0	0
Si	10	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	ents, and to th parer has any	e best of m knowledge	iy know 9.	ledge and belief,	
He		Signature	Date			Telephone	
		of officer EXECUTIVE DI	R.			● PTIN	
		Preparer's, management	Check				
Β.	.,	signature TINA RENTON	L self-er	mployed	•] PUU03U282 ● Firm's FEIN	_
Pa		Firm's name (or yours, CLIFTONLARSONALLEN LLP					
	eparer's e Only	employed) 2210 EAST ROUTE 66				● Telephone	_
05	o only	and address GLENDORA, CA 91740				(626) 857-7300)
_		May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes		-
_					-		_

022

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

224,612

	1	Gross sales or receipts from all b	ousine	ess activities. See instructi	ions .		•	1		385,137 о
	2	Interest					•	2		00
	3	Dividends						3		00
Receipts	4	Gross rents						4		00
from	5	Gross royalties					•	5		00
Other	6	Gross amount received from sale	e of as	ssets (See Instructions)			•	6		00
Sources	7	Other income					•	7		00
	8	Total gross sales or receipts from			-			8		385,137 od
	9	Contributions, gifts, grants, and						9		00
	10	Disbursements to or for member	'S				•	10		00
	11	Compensation of officers, directo	ors, ar	nd trustees		SEE STA	TEMENT 4	11		86,000 oc
	12	Other salaries and wages					•	12		56,419 oc
Expenses	13	Interest					•	13		00
and	14	Taxes					•	14		4,104 00
Disburse	- 15	Rents					•	15		98,557 or
ments	16	Depreciation and depletion (See	instru	ctions)			•	16		10,382 00
	17	Depreciation and depletion (See Other expenses and disbursemen	nts			SEE STA	TEMENT 5 •			508,328 or
	18	Total expenses and disbursemer	nts. Ad	dd line 9 through line 17. I	Enter h	here and on Side 1, Pa	rt I, line 9	18		763,790 od
Sched	ule L	Balance Sheet		Beginning of ta	axable	year	Er	d of ta	xable y	/ear
Assets				(a)		(b)	(c)			(d)
						27,843			•	112,875
		s receivable							•	
		ceivable				<u> </u>			•	<u> </u>
						614,998			•	614,960
		state government obligations							•	
		in other bonds							•	
		in stock							•	
	gage lo								•	
	r invest			53,194			53,	101	•	
	spreciau	le assets	(20,218		32,976				22,594
		mulated depreciation	(20,210		52,970	(30,0	00)	•	150,000
11 Land		стит б				7,320			•	7,320
		STMT 6				683,137			•	907,749
Liabilities		at worth				005,157				507,745
		yable							•	
		s, gifts, or grants payable							•	
		otes payable							•	
		ayable							•	
		ies							-	
		c or principal fund							•	
		tal surplus. Attach reconciliation							•	
		nings or income fund				683,137			•	907,749
		ies and net worth				683,137				907,749
Sched			per bo	ooks with income per retu	urn					
		Do not complete this sched				13, column (d), is les	s than \$50,000.			
1 Net in	ncome	per books		• 224,6		7 Income recorded				
		me tax		•		not included in th	-		•	
		pital losses over capital gains		•		8 Deductions in thi				
		recorded on books this year		•			ome this year		•	
		corded on books this year not					and line 8			
-		this return		•		10 Net income per r				

6 Total. Add line 1 through line 5

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3652204

Subtract line 9 from line 6

224,612

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FURNISHING HOPE INC.

20-0049351

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
CONSUMER PORTFOLIO SERVICES	3800 HOWARD HUGHES DR. LAS VEGAS, NV 89169	60,000.
LIVING SPACES	14501 ARTESIA BLVD. LA MIRADA, CA 90638	52,000.
JEFF BLACKMORE TRUST	27840 DEL RIO RD. TEMECULA, CA 92590	7,000.
HOUZZ	285 HAMILTON AVE. PALO ALTO, CA 94301	8,752.
SWENSON FAMILY FOUNDATION	34372 COVE LANTERN DANA POINT, CA 92629	91,667.
CALIFORNIA FOUNDATION FOR STRONGER COMMUNITIES	2111 PALOMAR AIRPORT DR., STE. 320 CARLSBAD, CA 92011	50,000.
ILLUMINATION FOUNDATION	1091 N. BATAVIA ST. ORANGE, CA 92867	176,762.
1736 FAMILY CRISIS CENTER	2116 ARLINGTON AVE #200 LOS ANGELES, CA 90018	15,876.
CITY NET	PO BOX 4508 ATLANTIC AVE., STE 292 LONG BEACH, CA 90807	13,819.
AMIGOS DE LOS NINOS	330 BASSE LN. BREA, CA 92821	7,000.
KNIGHT FAMILY FOUNDATION	200 S. BISCAYNE BLVD., SUITE 3300 MIAMI, FL 33131	10,000.
JOE DEL SIGORE	17595 CARTWRIGHT IRVINE, CA 92611	30,000.
CHRIS AND RICK WULF VIA FIDELITY CHARTIABLE	139 WHITAKER LN. HINGHAM, MA 02043	5,000.

11251106 131839 237-705088-00

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FURNISHING HOPE INC.		20-0049351
JOELLYN FINN	46 LA PALOMA DANA POINT, CA 92629	10,000.
CAROL L. WHEELER	9771 OVERHILL DR. SANTA ANA, CA 92705	5,000.
CICI PERRIER	1818 GALAXY RD. NEWPORT BEACH, CA 92660	16,100.
TOTAL INCLUDED ON LINE 3		558,976.

STATEMENT(S) 1 4 STATEME 2020.05000 FURNISHING HOPE INC. 237-7051

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5		STATEMENT 2					
COST OF GOODS SOLD								
1. INVENTORY AT BEGINNING	G OF YEAR							
 COST OF LABOR. MATERIALS AND SUPPLIE OTHER COSTS. 	S	240,815	240,815					
7. INVENTORY AT END OF Y	EAR							
8. COST OF GOODS SOLD (L	INE 6 LESS LINE 7)		240,815					

CA 199	NONCASH CONTRIBUT INCLUDED ON PART I,		STATEMENT 3
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
JUXTAPOSITION LA	14701 ARMINTA, 91402	UNIT A-1 PANORA	МА СІТҮ, СА
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
STAGING DECOR	03/25/20	34,740.	34,740.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
CB2	3333 BEAR ST.	COSTA MESA, CA 9	2625
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
MISC. HOUSEHOLD ITEMS	02/27/20	25,411.	25,411.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
JEFF BLACKMORE	27840 DEL RIO	RD. TEMECULA, CA	92590
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
VACANT LAND	11/24/20	75,000.	75,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
REBECCA L. VIRTUE	429 SNUG HARBO	DR NEWPORT BEACH,	CA 92663
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
VACANT LAND	11/24/20	75,000.	75,000.
TOTAL INCLUDED ON LINE 3		210,151.	210,151.

20-0049351

CA 199	COMPENSATION OF	OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND AI	DDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
3857 BIRCH	L. PHILLIPS STREET, NO. 503 ACH, CA 92660	EXECUTIVE DIRECTOR 40.00	86,000.
	E STREET, NO. 503 ACH, CA 92660	DIRECTOR 1.00	0.
	LE STREET, NO. 503 ACH, CA 92660	DIRECTOR 1.00	0.
	S LOWE STREET, NO. 503 ACH, CA 92660	DIRECTOR 1.00	0.
	BRADLEY STREET, NO. 503 ACH, CA 92660	DIRECTOR/CFO 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

86,000.

20-0049351

CA 199	OTHER EXPENSES	STATEMENT 5
		DIVIDUDUI D

DESCRIPTION	AMOUNT
PURCHASE OF FURNITURE	118,205.
PAYROLL FEES	116,193.
PROGRAM EXPENSE	52,000.
MOVING EXPENSES	40,368.
TAXES AND LICENSES	32,180.
OTHER EXPENSES	13,475.
UTILITIES	11,836.
BANK SERVICE CHARGES	10,153.
CONTRACT LABOR	6,736.
REPAIRS AND MAINTENANCE	5,614.
POSTAGE AND SHIPPING	1,942.
LEGAL FEES	405.
ACCOUNTING FEES	2,255.
OTHER PROFESSIONAL FEES	28,068.
ADVERTISING AND PROMOTION	21,159.
OFFICE EXPENSES	6,841.
INFORMATION TECHNOLOGY	889.
TRAVEL	729.
INSURANCE	39,280.
TOTAL TO FORM 199, PART II, LINE 17	508,328.

CA 199 OTHER ASSETS		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT	7,320.	7,320.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	7,320.	7,320.

CA 199 FUND BALANCES		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	683,137.	907,749.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	683,137.	907,749.

11251106 131839 237-705088-00

TAXABLE YEARC2020al	orporat nd Amo	ion Depr	eciatio	n						CALIFORN	IIA FORM 885
Attach to Form 100 or Form				FORM	199			F	EIN	20-00	49351
Corporation name									Califo	nia corporati	on number
FURNISHING H										253925	9
Part I Election To Expense											
1 Maximum deduction un											\$25,000
2 Total cost of IRC Section		•									
3 Threshold cost of IRC 34 Reduction in limitation.											\$200,000
5 Dollar limitation for tax			-								
	a) Description (usiness use or		;) Elected c				
6								001	-		
-											
7 Listed property (elected	d IRC Section 1	79 cost)		·		7					
8 Total elected cost of IR											
9 Tentative deduction. Er	nter the smalle	r of line 5 or line 8							9		
10 Carryover of disallowed											
11 Business income limita											
12 IRC Section 179 expen									12		
13 Carryover of disallowed											
Part II Depreciation and (a)	(b)		(c)	d(d			(f)			a)	(b)
Description of property	Date acqu		stor	Depreciation	allowed or	(e) Depreciation	(f) Life c	r	Depre	g) eciation	(h) Additional
	(mm/dd/y	ryyy) othe	r basis	allowable in e	earlier years	method	rate		for th	is year	first year depreciation
14 1 TRUCK											
	12/31		48,694		19,195	SL	5.00			9,739	
2 MACHIN		EQUIPMEN									
	12/31	/17	4,500		1,023	SL	7.00			643	
TOTALS			53,194		20,218						
15 Add the amounts in col	lump (g) and or		· · · ·				<u> </u>				
See instructions for line	(0)	()	`	i) may not exce	. ,			15		10,382	
Part III Summary		·) ·····						10		10/502	
16 Total: If the corporation IRC Section 179 expen Additional first year de Depreciation (if no elec	se, add the amo preciation unde tion is made), e	r R&TC Section 24 enter the amount f	1356, add the a rom line 15, co	amounts on line blumn (g)							<u>10,382</u> 10,382
17 Total depreciation claim18 Depreciation adjustment				,	d on Form 100				17		10,302
If line 17 is less than li											
amounts are used to de							-				0
Part IV Amortization			1		,			,			
(a) Description of pro	operty	(b) Date acquired (mm/dd/yyyy)	Co	c) st or r basis	() Amortization allowable in		(e) R&TC Section (see instructio	per	(f) eriod or centage		g) ization is year
19											
								_			
								_			
20 Total. Add the amounts	s in column (a)				I				20		
21 Total amortization clair	(0)	purposes from fed		o 11 - 44							
22 Amortization adjustme				,							
Side 1, line 6. If line 21									22		

7621204

022

022 Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABL			fornia e-file R mpt Organiza		rizatior	n for			FORM 8453-EO
Exempt Org	ganizatio	on name						Identifying numb	er
FURN	ISH	ING HOPE	INC.					20-004	9351
Part I	Elec	ctronic Return In	nformation (whole dollar	s only)					
1 Tot	al gro	ss receipts (Form	n 199, line 4)					1	
	-	ss income (Form							988,402
3 Tot	al exp	penses and disbu	rsements (Form 199, line	9)				3	763,790
Part II	Set	tle Your Accoun	t Electronically for Taxa	able Year 2020					
4	Elec	ctronic funds with	ndrawal 4a Amount	t	4b	Withdrawal	date (mm/dd/	уууу)	
Part III	Ban	nking Informatio	n (Have you verified the	exempt organization's	banking infori	mation?)			
5 Rout	Ũ								
6 Acco					7 Type	of account:	Checkin	g Savi	ngs
Part IV		claration of Offic	:er 1's account to be settled as o	designated in Part II If I o	heck Part II. Bo	v 4 Lauthorize	an electronic fi	inds withdrawal	for the amount listed
on line 4a		storing to guinzation			nook i urt ii, bo	, 1, 1 uutilon20			
a balance organizati statement delayed,	due re ion wil ts be tr	eturn, I understand I remain liable for t ransmitted to the F	best of my knowledge and b that if the Franchise Tax Bo he fee liability and all applic TB by the ERO, transmitter, sclose to the ERO or interm	ard (FTB) does not receiv able interest and penalties or intermediate service pr	e full and timely . I authorize the ovider. If the p he reason(s) fo	v payment of the e exempt organi rocessing of the or the delay.	e exempt organ zation return aı e exempt orga ı	ization's fee liab nd accompanyin	ility, the exempt g schedules and
Sign					EXECU	TIVE DI	R.		
Here		Signature of officer		Date	Title				
Part V	Dec	laration of Elec	tronic Return Originato	r (ERO) and Paid Pred	arer.				
am only a accurately provided 1345, 202 the exemp I declare	n inter y reflec the org 20 Han pt orga that I h	rmediate service pr cts the data on the ganization officer w udbook for Authoriz anization return is f nave examined the a	bove exempt organization's ovider, I understand that I ar return.) I have obtained the ith a copy of all forms and in red e-file Providers. I will kee iled, whichever is later, and above exempt organization's e this declaration based on a	m not responsible for rev organization officer's sign nformation that I will file v p form FTB 8453-EO on t I will make a copy availab return and accompanyin	ewing the exen ature on form F vith the FTB, an ile for four yea le to the FTB up g schedules and	npt organization TB 8453-EO be Id I have followe Irs from the due Ion request. If I d statements, and	's return. I dec fore transmittined all other requ date of the ret am also the pa	are, however, th ng this return to uirements descri urn or four year id preparer, und	at form FTB 8453-EO the FTB; I have bed in FTB Pub. s from the date er penalties of perjury,
ERO	ERO's signatu		HENTON		Date	Check if also paid preparer	Check if self- emplo	.	'S PTIN 0630282
Must	Firm's	name (or yours	CLIFTONLARS	NALLEN LLP	_1	P. Sporti			1-0746749
Sign	if self-e and ad	employed)	2210 EAST R						
•	und da		GLENDORA, CA					ZIP code 91	740
			e that I have examined the a nd complete. I make this dec	bove organization's retur				s, and to the be	st of my knowledge
Paid		, ,					0	L Daidanaa	
Prepai		Paid preparer's signature			Dat	6	Check if self- employed		arer's PTIN
Must		Firm's name (or yours	•					Firm's FEIN	
Sign		if self-employed) and address	•						
								ZIP code	
For Priv	acy N	lotice, get FTB 1	1131 ENG/SP.						FTB 8453-EO 2020

029021 11-19-20

		[DEP	ARTN	IENT OF JUS PAGE 1	
	_		-			

STATE OF CALIFORNIA RRF-1					DEPARTME		USTICE E 1 of 5
(Rev. 09/2017)	ANNL	JAL REGISTRATION RENEW	/AL FEE F	REPORT	(For Registry Use Only)	1710	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447	try of Charitable Trusts TO ATTORNEY GENERAL OF CALIFORNIA						
Sacramento, CA 94203-4470 STREET ADDRESS:		Sections 12586 and 12587, California G 11 Cal. Code Regs. sections 301-306, 3					
1300 I Street Sacramento, CA 95814		mit this report annually no later than four months a					
(916)210-6400 WEBSITE ADDRESS:	-	s accounting period may result in the loss of tax ex \$800, plus interest, and/or fines or filing penalties	-				
www.oag.ca.gov/charities		703; Government Code section 12586.1. IRS exter					
			Check if:				
				nge of address			
FURNISHING HOPE	INC.		Ame	ended report			
Name of Organization							
List all DBAs and names the organization	uses or has used		L				
3857 BIRCH STRE	ET, NO. 5	503	State Cha	rity Registration Nun	nber ст 123506		
Address (Number and Street)							
NEWPORT BEACH, (CA 92660)	Corporatio	on or Organization N	o. <u>2539259</u>		
City or Town, State, and ZIP Code							
(949) 644-9106 Telephone Number	E-mail Address		Federal Er	mployer ID No. 20	-0049351		
		ENEWAL FEE SCHEDULE (11 Cal.	Code Berrs	captions 301-307	211 and 212)		
	GISTRATION	Make Check Payable to Departn			311, anu 312j		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Rev	venue	Fee	e.
Less than \$25,000	0	Between \$100,001 and \$250,000			001 and \$10 million	\$15	
Between \$25,000 and \$100,0	00 \$25	Between \$250,001 and \$1 million	n \$75	Between \$10,000 Greater than \$50	,001 and \$50 million	\$22 \$30	
PART A - ACTIVITIES				Greater than 900	Million	φοι	
	Il accounting p	eriod (beginning 01/01/20	20 endi	$\frac{12}{31/2}$	020) list:		
	n accounting r	For your most recent full accounting period (beginning $01/01/2020$ ending $12/31/2020$) list:					
Gross Annual Revenue \$		02_Noncash Contributions \$		<u>,251</u> Total Asse		7,7	49
Gross Annual Revenue \$ Program Expen		02 Noncash Contributions \$ 730 , 644	226 Total Expe		ts \$ 90 763,790	7,7	<u>49</u>
Program Expen	ses \$		Total Expe	enses \$		7,74	<u>49</u>
Program Expen	ases \$ ARDING ORGA	730,644	Total Expe DF THIS REF	enses \$	763,790	7,7	<u>49</u>
Program Expen PART B - STATEMENTS REG Note: All questions must be	ases \$ ARDING ORGA answered. If ye	730,644 NIZATION DURING THE PERIOD C	Total Expe DF THIS REI stions below	enses \$ PORT /, you must attach a	763,790	7 , 7 [,] Yes	<u>49</u> No
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explanat 1. During this reporting period	ARDING ORGA ARDING ORGA answered. If yo tion and details od, were there ar	730,644 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re ny contracts, loans, leases or other fil	Total Expe DF THIS REI stions below eview RRF-1 nancial trans	PORT you must attach a 1 instructions for inf sactions between the	763,790 a separate page formation required.		
Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting perior and any officer, director of	ARDING ORGA ARDING ORGA answered. If yo tion and details od, were there ar	730,644 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re	Total Expe DF THIS REI stions below eview RRF-1 nancial trans	PORT you must attach a 1 instructions for inf sactions between the	763,790 a separate page formation required.		No
Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanat 1. During this reporting perior and any officer, director of any financial interest?	ARDING ORGA ARDING ORGA answered. If ye tion and details od, were there ar or trustee thereof	730,644 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re ny contracts, loans, leases or other fin f, either directly or with an entity in with	Total Expe DF THIS REI Stions below eview RRF-1 nancial trans hich any suc	PORT you must attach a 1 instructions for inf sactions between the sh officer, director or	763,790 a separate page formation required. e organization trustee had		
Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanat 1. During this reporting perior and any officer, director of any financial interest?	ARDING ORGA ARDING ORGA answered. If ye tion and details od, were there ar or trustee thereof	730,644 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re ny contracts, loans, leases or other fil	Total Expe DF THIS REI Stions below eview RRF-1 nancial trans hich any suc	PORT you must attach a 1 instructions for int sactions between the sh officer, director or	763,790 a separate page formation required. e organization trustee had		No
Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds?	ARDING ORGA ARDING ORGA answered. If ye tion and details od, were there ar or trustee thereof od, was there an	730,644 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re ny contracts, loans, leases or other fin f, either directly or with an entity in wh y theft, embezzlement, diversion or n	Total Expe DF THIS REI stions below eview RRF-1 nancial trans hich any suc	PORT you must attach a 1 instructions for inf sactions between the sh officer, director or e organization's chari	763,790 a separate page formation required. e organization trustee had		No
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CliftonLarsonAllen LLP CLAconnect.com

FURNISHING HOPE INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2020



CliftonLarsonAllen LLP CLAconnect.com

Furnishing Hope Inc. 3857 Birch Street No. 503 Newport Beach, CA 92660

Dear Elizabeth:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by November 15, 2021 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$75, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

A few final reminders relating to your tax return filings:

• There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	-	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2020, or fiscal year beginning, 2020, and ending ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.	, 20	2020
Name of exempt organization		Taxpayer ider	ntification number
FURNISHING HOL		20-004	9351
Name and title of officer or per ELIZABETH L PH EXECUTIVE DIR Part I Type of F			
	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	om the return. I	f you
blank, then leave line 1b, 2 return, then enter -0- on the	2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I.	ered -0- on the	
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ere • b Total revenue, if any (Form 990-EZ, line 9)	1b	988,402.
	ere b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check			
4a Form 990-PF check here 5a Form 8868 check here	· · · · · · · · · · · · · · · · · · ·		
6a Form 990-T check her	· · · · · · · · · · · · · · · · · · ·		
7a Form 4720 check here			
	ion and Signature Authorization of Officer or Person Subject to Tax	K	
Under penalties of perjury,	I declare that 🚺 I am an officer of the above organization or 🗌 I am a person sub		
(name of organization)	, (EIN), n and accompanying schedules and statements, and, to the best of my knowledge and		
Agent to initiate an electron software for payment of the a payment, I must contact (settlement) date. I also aut confidential information ne	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d nic funds withdrawal (direct debit) entry to the financial institution account indicated in th e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of tr cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun	ne tax preparat account. To re to the paymen axes to receive personal	ion voke t
X I authorize CL	IFTONLARSONALLEN LLP	to enter my P	IN 49351
	ERO firm name	,	Enter five numbers, but
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme of disclosure consent screen. Deerson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co DocuSigned by:	entioned ERO t e on the tax yea a state agency	o enter my
	Bethe Phillips		11/8/2021
Signature of officer or person subject Part III Certification	tion and Authentication	Date	▶
	ur six-digit electronic filing identification		
· · · ·	your five-digit self-selected PIN. 95405255902 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform siness Returns.		
ERO's signature 🕨 TINA	HENTON Date ▶ 11/	/01/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Red	uction Act Notice, see instructions.	F	orm 8879-EO (2020)
023051 11-03-20			

022 Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

2 Total gross income (Form 199, line 8) 2 988, 3 Total expenses and disbursements (Form 199, line 9) 3 763, Part II Settle Your Account Electronically for Taxable Year 2020 4 4 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount on line 4a. Under genitaties of perjury, I declare that I am an officer of the above exempt organization and that in the information I provided to my electronic return originator (ERO) California electronic furn. To the best of my knowledge and belief, the exempt organization and that if the Francise Tax Board (FIB) does not receive full and itimely payment of the exempt organization is 2020 California electronic furn. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is 2020 California electronic fuelts of the FIB by the ERO, transmitter, or the processing of the exempt organization is elevand in the information is elevand in the processing of the exempt organization is elevand in the information is elevand in the processing of the exempt organization is el	TAXABLE YE 2020	California e-file Return Authorization for Exempt Organizations	FORM 8453-EO
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Second number S	4 🗌 Ele	tronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/	уууу)
6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer Image: Checking in the second of the above exempt organization of the above exempt organization in the da. Checking in the second of the above exempt organization in the above exempt organization in the abance due row in the second organization is account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization is return in the accompanying schedules and balance due rome, To the best of my knowledge and belief, the exempt organization is return in the exempt organization is return or return is the accompanying schedules and penalties. I authorize the exempt organization is return or or file adapted. If the processing of the exempt organization is return or or return is return. I have schedule the above exempt organization for the return. I have schedule the above exempt organization is return and that the file addition of the exempt organization is return or organization is return or the above exempt organization is return or return is return or the above exempt organization or return is return or the above exempt organization is return or return is return or the above exempt organization or return is return or the above exempt organization of return is return or the return is have exempt organization of return is return ore request. The schedule is and information tha	Part III Ba	king Information (Have you verified the exempt organization's banking information?)	
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ERO Must Sign TINA HENTON also paid preparer if self- employed P00630282 Firm's name (or yours if self-employed) and address CLIFTONLARSONALLEN LLP Firm's FEIN 41-07467 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowle and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's signature Paid preparer's PTIN Must Paid Firm's name (or yours if send-employed) Paid Firm's FEIN Paid Firm's FEIN	I declare that I am only an inte accurately refle provided the or 1345, 2020 Ha the exempt org I declare that I	ave reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and com mediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I dec ts the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmittin panization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other req dbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the ret nization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the pa ave examined the above exempt organization's return and accompanying schedules and statements, and to the best c	lare, however, that form FTB 8453-EO ng this return to the FTB; I have Jirements described in FTB Pub. urn or four years from the date id preparer, under penalties of perjury,
Sign if self-employed and address 2210 EAST ROUTE 66 GLENDORA, CA zIP code 91740 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowle and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date Paid preparer's signature Paid preparer's PTIN Must Firm's name (or yours if self-employed) Firm's FEIN Firm's FEIN	oigno	also paid if self	
Sign and address 2210 EAST ROUTE 66 GLENDORA, CA ZIP code 91740 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowle and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ZIP code 91740 Paid Preparer Paid preparer's signature Paid preparer's signature Paid preparer's PTIN Must Firm's name (or yours if semployed) Firm's FEIN		name (or yours CLIFTONLARSONALLEN LLP	Firm's FEIN 41-0746749
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowle and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Preparer Paid Preparer's Signature Paid Preparer's Firm's name (or yours Firm's FEIN Firm's FEIN			
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Paid preparer Paid preparer's signature Date Check if self- employed Paid preparer's PTIN Must Firm's name (or yours if self-employed) Firm's FEIN			s, and to the best of my knowledge
Must Firm's name (or yours	Paid	Paid preparer's Date Check if self-	Paid preparer's PTIN
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For Privacy Notice, get FTB 1131 ENG/SP. FTB 8453-EC			FTB 8453-EO 2020

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STATE OF CALIFORNIA RRF-1					DEPARTME		USTICE E 1 of 5
(Rev. 09/2017)	ANNL	JAL REGISTRATION RENEW	/AL FEE F	REPORT	(For Registry Use Only)	1710	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447	try of Charitable Trusts TO ATTORNEY GENERAL OF CALIFORNIA						
Sacramento, CA 94203-4470 STREET ADDRESS:		Sections 12586 and 12587, California G 11 Cal. Code Regs. sections 301-306, 3					
1300 I Street Sacramento, CA 95814		mit this report annually no later than four months a					
(916)210-6400 WEBSITE ADDRESS:	-	s accounting period may result in the loss of tax ex \$800, plus interest, and/or fines or filing penalties	-				
www.oag.ca.gov/charities		703; Government Code section 12586.1. IRS exter					
			Check if:				
				nge of address			
FURNISHING HOPE	INC.		Ame	ended report			
Name of Organization							
List all DBAs and names the organization	uses or has used		L				
3857 BIRCH STRE	ET, NO. 5	503	State Cha	rity Registration Nun	nber ст 123506		
Address (Number and Street)							
NEWPORT BEACH, (CA 92660)	Corporatio	on or Organization N	o. <u>2539259</u>		
City or Town, State, and ZIP Code							
(949) 644-9106 Telephone Number	E-mail Address		Federal Er	mployer ID No. 20	-0049351		
		ENEWAL FEE SCHEDULE (11 Cal.	Code Berrs	captions 301-307	211 and 212)		
	GISTRATION	Make Check Payable to Departn			311, anu 312j		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Rev	venue	Fee	e.
Less than \$25,000	0	Between \$100,001 and \$250,000			001 and \$10 million	\$15	
Between \$25,000 and \$100,0	00 \$25	Between \$250,001 and \$1 million	n \$75	Between \$10,000 Greater than \$50	,001 and \$50 million	\$22 \$30	
PART A - ACTIVITIES				Greater than 900	Million	φοι	
	Il accounting p	eriod (beginning 01/01/20	20 endi	$\frac{12}{31/2}$	020) list:		
	n accounting r	For your most recent full accounting period (beginning $01/01/2020$ ending $12/31/2020$) list:					
Gross Annual Revenue \$		02_Noncash Contributions \$		<u>,251</u> Total Asse		7,7	49
Gross Annual Revenue \$ Program Expen		02 Noncash Contributions \$ 730 , 644	226 Total Expe		ts \$ 90 763,790	7,7	<u>49</u>
Program Expen	ses \$		Total Expe	enses \$		7,74	<u>49</u>
Program Expen	ases \$ ARDING ORGA	730,644	Total Expe DF THIS REF	enses \$	763,790	7,7	<u>49</u>
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Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explanat 1. During this reporting period	ARDING ORGA ARDING ORGA answered. If yo tion and details od, were there ar	730,644 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re ny contracts, loans, leases or other fil	Total Expe DF THIS REI stions below eview RRF-1 nancial trans	PORT you must attach a 1 instructions for inf sactions between the	763,790 a separate page formation required.		
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Form **990**

OMB No. 1545-0047 **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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public
Inspection

ΑF	or th	e 2020 calendar year, or tax year beginning an	d ending		
	Check if			D Employer identific	cation number
	Addr	FURNISHING HOPE INC.			
	Name	pe Doing business as		20-00493	51
	Initia		Room/su	ite E Telephone number	
	Final		503	(949) 644	4-9106
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,229,217.
	Amer	NEWPORI BEACH, CA 92000		H(a) Is this a group re	
	Appli tion pend		JIPS	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) or 🔄 5		list. See instructions
		te: FURNISHINGHOPE.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ► Summary	L Y	ear of formation: 2003 N	State of legal domicile: CA
		Briefly describe the organization's mission or most significant activities: FURI	лтенти	IC HOMES FOR F	AMTLITES IN
e	1	CRISIS, IN COORDINATION WITH MILITARY SE			
Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or disp			
veri	3				
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			5
о Со	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			9
itie	6	Total number of volunteers (estimate if necessary)			80
Activities &	7a	7 a Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	[950,255.	844,080.
Revenue	9	Program service revenue (Part VIII, line 2g)		304,716.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	144,322.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,254,971.	988,402.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		296,210.	146,523.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, and the second	b	Total fundraising expenses (Part IX, column (D), line 25)		000 050	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		992,876.	617,267.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,289,086.	763,790.
		Revenue less expenses. Subtract line 18 from line 12		-34,115.	224,612.
S Or			-	Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	····· -	683,137.	907,749.
Net Assets or	21	Total liabilities (Part X, line 26)		0. 683,137.	<u> </u>
	art II	Net assets or fund balances. Subtract line 21 from line 20		003,137.	507,749.
		alties of perjury, I declare that I have examined this return, including accompanying schedul	lee and state	mente and to the heet of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of v			תווטשובעשב מווע שבוובו, וג 31

Sign Here	Signature of officer ELIZABETH L. PHILLIPS, Type or print name and title	EXECUTIVE DIR.	Date
Paid	Print/Type preparer's name TINA HENTON	Preparer's signature Date TINA HENTON 11/01	
Preparer	Firm's name 🕒 CLIFTONLARSONALLE	EN LLP	Firm's EIN ▶ 41-0746749
Use Only	Firm's address 2210 EAST ROUTE 6	66	
	GLENDORA, CA 9174	40	Phone no. (626) 857-7300
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) FURNISHING HOPE INC.	20-0049351	Pag
ar	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	L
	Briefly describe the organization's mission:		
	FURNISHING HOMES FOR FAMILIES IN CRISIS, IN COORDINATIO		RY
	SERVICE MEMBERS, VETERANS AND VARIOUS OTHER ORGANIZATIO	DNS.	
	Did the organization undertake any significant program services during the year which were not listed on the		T
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		- 23
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and	d
	revenue, if any, for each program service reported.		
		evenue \$ 144,3	
	PROVIDING FURNITURE AND SUPPLIES FOR FAMILIES IN CRISIS		3
	WITH SUCH ORGANIZATIONS AS WOUNDED HERO'S OF AMERICA, C		
	PATHWAYS OF HOPE, COLET'S CHILDREN HOMES, ETC. THE AGEN	ICY COMPLETED T	CHE
	FURNISHING OF 700 HOMES THIS YEAR AND OVER 87 HOMES FOR	ALL THE	
	ORGANIZATIONS THEY HAVE AND CONTINUE TO SUPPORT MEMBERS	AND VETERANS,	,
	SINCE INCEPTION.		
	(Code:) (Expenses \$ including grants of \$) (Re	evenue\$	
	(Code:) (Expenses \$ including grants of \$) (Re		
	Other program services (Describe on Schedule O.)		
		```	
	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 730,644.	)	

2 2020.05000 FURNISHING HOPE INC.

### Form 990 (2020) FURNISHING H Part IV Checklist of Required Schedules FURNISHING HOPE INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule D, Part II	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?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
_	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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	13		
10	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? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	. <i>''</i>		
	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? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		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
032003	12-23-20		<b>990</b> (	(2020)

Form **990** (2020)

2020.05000 FURNISHING HOPE INC.

3

Form	<u>990 (2020)</u> FURNISHING HOPE INC. 20-004	9351	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	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		X
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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	7		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
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Form	990 (2020) FURNISHING HOPE INC. 20-0049	351	Р	_{age} 5
Par	t 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 Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
	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		x
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		0000	(0000)
		-		(0000)

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 FURNISHING HOPE INC.
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a
 8b
 or 10b
 below
 describe the circumstances
 processes
 or changes on Schedule O
 See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			11
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	3		
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		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No

			res	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (avalain on Schodulo O			

19	Describe on Schedule (	D whether (and if so, how) the	organization made its gov	erning documents, conflict of interest policy, and financial
	statements available to	the public during the tax year	r.	
~~	<u> </u>			

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20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 🕨	▶
	ELIZABETH PHILLIPS - 949-630-8240	
	221 PALMER B, COSTA MESA, CA 92627	

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Form **990** (2020)

Form 990 (2020)	FURNISHING HOPE INC.	20-0049351	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees,	Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emplo	oyees	
1a Complete this table	for all persons required to be listed. Report compensation for the calenda	ar year ending with or within the organization's	s tax year.
0	anization's <b>current</b> officers, directors, trustees (whether individuals or orga , (E), and (F) if no compensation was paid.	anizations), regardless of amount of compens	ation.
<ul> <li>List all of the orga</li> </ul>	anization's current key employees, if any. See instructions for definition o	f "key employee."	
I ist the organizat	ion's five current highest compensated employees (other than an officer of	tirector trustee or key employee) who receive	ed report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	) than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus I	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-1015C)		organization and related
	below	dual ti	itiona		nploy	st cor	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH L. PHILLIPS	40.00									
EXECUTIVE DIRECTOR		Х		Х				86,000.	0.	0.
(2) JOHN VIRTUE	1.00									
DIRECTOR		Х						0.	0.	0.
(3) LINDA TUGGLE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) RENEE PEPYS LOWE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CHARLES E. BRADLEY	1.00									
DIRECTOR/CFO		Х		Х				0.	0.	0.
		-								
		-								
032007 12-23-20				-	-					Form <b>990</b> (2020)

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	990 (2020) FURNISHIM	IG HOPE	IN	C.						20-00	4935	51	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box offic	not c , unle:	ss per	ition more rson i:	than c s both r/trust	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	ompen from organiz and rel organiza	the ation ated
	Subtotal								86,000.		<b>.</b>		0.
с	Total from continuation sheets to Part VI	I, Section A							0.		). ).		0.
d 2	Total (add lines 1b and 1c)							► o re	86,000.		J.		0.
	compensation from the organization											Ye	0 s No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on			
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su										-:	3	<u> </u>
-	and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>											5	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	ene	nder	nt co	ontra	actor	rs th	at received more than \$	:100 000 of compe	nsation	from	
·	the organization. Report compensation for t	•	•						the organization's tax y	•			
	<b>(A)</b> Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	Com	(C) ipensat	ion
2	Total number of independent contractors (ir		nt lin	nitor		thos		tod	above) who received m	ore than			
-	\$100,000 of compensation from the organiz	0	51 III		0			cu					

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Form **990** (2020)

			2020) FURNISHING	HOPE INC.			20-0049	351 Page <b>9</b>
Pa	rt V	/111						
			Check if Schedule O contains a resp	onse or note to any lin	e in this Part VIII <u></u> ( <b>A)</b> Total revenue	<b>(B)</b> Related or exempt		(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
An C			Fundraising events 1c					
ilar İlar			Related organizations 1d	41 000				
Sins,			Government grants (contributions) <b>1e</b>	41,988.				
her		T	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	802,092.				
d trib		g	Noncash contributions included in lines 1a-1f					
and		h	Total. Add lines 1a-1f		844,080.			
				Business Code				
e	2	а						
ervi		b						
Program Service Revenue		c d						
gra Re		u e						
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends,					
	-		other similar amounts)					
	4		Income from investment of tax-exempt be					
	5		Royalties	al (ii) Personal				
	6	а	Gross rents 6a	(.,				
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d						
	7	а	Gross amount from sales of (i) Secur	ities (ii) Other				
		L	assets other than inventory <b>7a</b>					
e		D	Less: cost or other basis and sales expenses					
venue		с	Gain or (loss)					
			Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not including \$ of					
U			contributions reported on line 1c). See					
			Part IV, line 18	8a				
			Less: direct expenses					
	_		Net income or (loss) from fundraising eve					
	9	а	Gross income from gaming activities. See					
		þ	Part IV, line 19 Less: direct expenses					
			Net income or (loss) from gaming activitie					
			Gross sales of inventory, less returns					
			and allowances					
			Less: cost of goods sold		144 200	144 200		
		С	Net income or (loss) from sales of invento		144,322.	144,322.		
sn	44			Business Code				
neo	11	a b						
ellaneo evenue		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		988,402.	144,322.	0.	0.
03200	9 12-	23-	20					Form <b>990</b> (2020)

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#### FURNISHING HOPE INC. Form 990 (2020) 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			·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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 foreign				
	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	86,000.	56,287.	29,713.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	F.C. 410	EC 410		
7	Other salaries and wages	56,419.	56,419.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 104	4 104		
10	Payroll taxes	4,104.	4,104.		
11	Fees for services (nonemployees):				
	Management	405		105	
	Legal	405. 2,255.		<u>405.</u> 2,255.	
	Accounting	4,400.		4,200.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	28,068.	28,068.		
40	column (A) amount, list line 11g expenses on Sch O.)	21,159.	21,159.		
12 12	Advertising and promotion	6,841.	6,068.	773.	
13 14	Office expenses	889.	889.	115•	
14 15	Information technology	005.			
15 16	Royalties Occupancy	98,557.	98,557.		
10		729.	729.		
17 18	Travel Payments of travel or entertainment expenses	725.	125.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,382.	10,382.		
23	Insurance	39,280.	39,280.		
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 0.)				
а	PURCHASE OF FURNITURE	118,205.	118,205.		
b	PAYROLL FEES	116,193.	116,193.		
с	PROGRAM EXPENSE	52,000.	52,000.		
d	MOVING EXPENSES	40,368.	40,368.		
е	All other expensesSEE_SCH_O	81,936.	81,936.		
25	Total functional expenses. Add lines 1 through 24e	763,790.	730,644.	33,146.	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 Figure if following SOP 98-2 (ASC 958-720)				

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	990 (2 t X	2020) FURNISHING HOP Balance Sheet	E INC	•		20-0	049351 Page 1
		Check if Schedule O contains a response or note	e to any lin	e in this Part X			
			•		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			27,843.	1	112,875
	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	icer, director,				
		trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person	s (as defined			
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		I	614,998.	8	614,960
2	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	203,194.			
	b	Less: accumulated depreciation		30,600.	32,976.	10c	172,594
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			7,320.	15	7,320
	16	Total assets. Add lines 1 through 15 (must equa			683,137.	16	907,749
	17	Accounts payable and accrued expenses				17	
	18	Grants payable	I		18		
	19	Deferred revenue		I		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
,	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
í	23	Secured mortgages and notes payable to unrela	ted third p			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D		· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	(
		Organizations that follow FASB ASC 958, che	ck here 🌗	X			
3		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			683,137.	27	907,749
	28	Net assets with donor restrictions				28	
2		Organizations that do not follow FASB ASC 9					
-		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
	30	Paid in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated inc		Γ		31	
	32	Total net assets or fund balances			683,137.	32	907,749
-	33	Total liabilities and net assets/fund balances		I	683,137.	33	907,749

237-7051

Form	990 (2020) FURNISHING HOPE INC.	20-004	9351	Page	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		,402	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,790</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		,612	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	683	,137	1.
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	907	,749	).
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> L</u>	
				Yes N	10
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	·····		2b	2	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			.7
	Act and OMB Circular A-133?		3a	<u> </u> 2	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

Public Charity Status and Public Support  Service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service	SCHEDULE A				Dublic Cho	rity Status on		uia Cu	unnart		OMB No. 1545-0047
	(Form 990 or 990-EZ)				-					2020	
Internal Revence Service     Co to www.irs.gov/Form990 for instructions and the latest information.     Imspection     PURISHING HOPE INC.     Employer identification number     20 - 0049351     Part     Reason for Public Charity Status. (All organizations must complete this part.) See instructions.     The organization is not a private foundation because its: (For Instructions and even to box)     A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-EZ))     A school described in section 170(b)(1)(A)(ii).     A church, convention of churches, or association described in section 170(b)(1)(A)(ii).     A church, convention operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).     A church, convention operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).     A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).     Complete Part II)     A deferal, state, or local governmental unit described in section 170(b)(1)(A)(i).     Complete Part II)     A community trust described in section 170(b)(1)(A)(i).     Complete Part II)     A an agricultural research organization described in section 170(b)(1)(A)(i).     Complete Part II)     A an agricultural research organization described in section 170(b)(1)(A)(i).     Complete Part II)     A an agricultural research organization described in section 511 tax) from businesses acquired by the organization after June 30, 1975.     See section 509(a)(2).     Complete Part III)     A organization transmally receives (1) more than 33 1/3% of its support from contributions, divert support from groes investment income and unrelated business taxable income (iess section 511 tax) from businesses acquired by the organization after June 30, 1975.     See section 509(a)(2).     Complete Part III)     A organization organization described in section 170(b)(1)(A)(ii) former than 33 173% of its support form groes investment income and unrelated busines							or a section		Ζυζυ		
Name of the organization         Employer identification number 20-0049351           FURNISHING HOPE INC.         Employer identification number 20-0049351           Part         Reason for Public Charity Status. (All organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)         A church, convention of churches, or association of churches described in section 700(b)(1)(A)(i).           2         A choice (argoarch organization operated in conjunction with a hospital described in section 1700(b)(1)(A)(ii).         Enter the hospital's name, city, and state:           3         A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(1)(A)(ii). (Complete Part II.)           6         A forganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 1700(b)(1)(A)(v). (Complete Part II.)           7         A norganization that normally receives (1) more than 31 3/3% of its support from contributions, membership fees, and gross receipts from activities related to bins exempt functions, subject to carplic exclusively to the benefit of subject by a government and as a 1/3% of its support from contributions, membership fees, and gross receipts from activities related to bins exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to bins exempt functions, subject to certain exceptions; and (2). Cocarpicate as activities and and operated exclusively											-
FURNTSHING HOPE INC.         20-0049351           Part           Reason for Public Charity Status, (µil organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).           2         A chood described in section 170(b)(1)(A)(ii).         A chard, convention operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).           3         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         A necical reaserch organization operated in college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.)           4         A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).           7         An organization that normally receives a substatutal part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).           8         A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)           9         An agricultural research organization described in section 500(1)(A)(X)(X)(X) or a fragonization explained busines taxabile income (less section 511 tax) from businessea acquired by the organization after June 30, 1975.           8         Se section 509(a)(2). (Complete Part III.)         An organization organization departed exclusively to the propito safety. See section 509(a)(4). <th></th> <th></th> <th></th> <th></th> <th>Go to www.irs.go</th> <th>V/Form990 for instruction</th> <th>ons and th</th> <th>ie latest ir</th> <th>iformation.</th> <th>Employer</th> <th>-</th>					Go to www.irs.go	V/Form990 for instruction	ons and th	ie latest ir	iformation.	Employer	-
Part I       Reason for Public Charity Status. (All organizations must complete this part) See instructions.         The organization is not a private foundation because it is: (For lines 1 through 12, check only one box).       1         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).       A school described in section 170(b)(1)(A)(iii).         A church, convention of parted in conjunction with a hospital described in section 170(b)(1)(A)(iii).       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).         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).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from governmental unit described in section 170(b)(1)(A)(v).         8       A community trust described in section 170(b)(1)(A)(ix).       Computersity:         10       X organization that normally receives 1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related business taxable income (tese section 509(a)(2).         11       An organization oparized and operated exclusively to the tor public safety. See section 509(a)(3)	Ivan		the organization		TSHING HOP	E INC.					
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b) (1/A)(i).  A church, convention of churches, or association of churches described in section 170(b) (1/A)(ii).  A church, convention of churches, or association described in section 170(b) (1/A)(ii).  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:  A medical research 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.)  A federal, state, or local government or governmental unit described in section 170(b) (1/A)(v). (Complete Part II.)  A community trust described in section 170(b) (1/A)(v). (Complete Part II.)  A community trust described in section 170(b) (1/A)(v). (Complete Part II.)  A community trust described in section 170(b) (1/A)(v). Complete Part II.)  A norganization that normally receives a substantial part of its support from a governmental unit dand-grant college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land-grant college of agriculture (see instructions), and (2) no more than 33 1/3% of its support from gors investment income and unrelated business taxable income (less section 509(a)(A).  A norganization organized and operated exclusively to test for public safety. See section 509(a)(A).  A norganization organized and operated exclusively to test for public safety. See section 509(a)(A).  A norganization organized and operated exclusively to the thorelit or, to perform the functions or, or carry out the purposes of one or more publicly supported organization edscribed in accino 509(a)(A) constant supporting organization and complete lines 12e, 12r, and 12g.  Type I. A supporting organi	Pa	rt I	Reason				omplete tl	nis part.) S	ee instruction		0 0049551
<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990 EZ)).</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, etc), and state:         <ul> <li>a constraint operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</li> <li>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)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</li> <li>An organization described in section 170(b)(1)(A)(v).</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v).</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v).</li> </ul> </li> <li>A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to lescents (1) more than 33 1/3% of its support from described an section 32/3% of its support from goes investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> </ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization after June 30, 1975. See section 509(a)(2</li>	The	orgai									
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>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)(v). Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A normunity trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college ot government (ess section 501 (a)). (normalized business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(3). Check the box in lines 12a through 12d that described or organization operated, supervised, or controlled by its supported organization (b), the operated in connection with its supported organization (b) the pover to regulariy appoint or elect a majority of the directors</li></ul>									I)(A)(i).		
<ul> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, ety, and state:</li> <li>A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</li> <li>A federal, state, or local government organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business travable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to the terrol to to profer the functions, (t, prication argunized and operated exclusively for the benefit of, to perform the functions, the public by glying the supported organization operated, upervised, or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled by its suppor</li></ul>	2		A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
<ul> <li>city, and state:</li></ul>	3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
<ul> <li>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)(v).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.</li> <li>M an organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled in connection with its supported organization(s) the power to regulary appoint or elect a majority of the dire</li></ul>	4		A medical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
<ul> <li>section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A nagricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a nonland-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from goss investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Corry out the purposes of one or more publicly supported organization sdescribed in section 509(a)(2). See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization supervised or controlled by this supported organization(s), typically by giving the supporting organization supervised or controlled by this supported organization(s), by having control or manage ther supporting organization supervised or controlled by the supported organization(s), by having control or managet the supporting organization supervised or controlled in connection with its supported organization(s), by having corthol</li></ul>				-							
6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:         10       Image: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.         a       Type I. A supporting organization operated, suppervised, or controlled by its supported organization(s), typically by giving the supported organization (9) the gover to regularly appoint or elect a majority of the directors or trustees of the supporting organization operated, in connection with its supp	5		-	-		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, or controlled by its supported organization(s), typically by giving the supporting organization operated, or controlled by its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s). You must complete Part IV, Sections A and B.</li> <li>Type II A supporting organization organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organiz</li></ul>	•								<i>,</i> ,		
<ul> <li>section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to list exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by giving the supported organization supervised or controlled by its supported organizations(s), by having control or manage the supporting organization setter in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and B.</li> <li>Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s</li></ul>											e de la cuite e lie
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<ul> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) is the organization (v) Amount of monetary support (see instructions)</li> </ul>			control or n	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
<ul> <li>its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN</li> <li>(iii) Type of organization (described on lines 1-10)</li> </ul>		_	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported (ii) EIN       (iii) Type of organization (described on lines 1·10)         (iv) Is the organization support (see instructions)       (v) Amount of monetary support (see instructions)	С			-	•					ly integrate	ed with,
<ul> <li>that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) is the organization support (see instructions)</li> </ul>				•	.,.	· ·			-		
<ul> <li>requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) is the organization support (see instructions)</li> </ul>	d			-	• •					•	. ,
<ul> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN</li> <li>(iii) Type of organization listed in your governing document?</li> <li>(v) Amount of monetary support (see instructions)</li> </ul>					0 0	0 ,				an attentiv	/eness
functionally integrated, or Type III non-functionally integrated supporting organization.         f Enter the number of supported organizations         g Provide the following information about the supported organization(s).         (i) Name of supported (ii) EIN         (iii) Type of organization (described on lines 1-10	_									II Type III	
f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported       (ii) ElN         (iii) Type of organization (described on lines 1-10         (v) Amount of monetary (described on lines 1-10	C			•					турст, турс	n, rype m	
g       Provide the following information about the supported organization(s).         (i) Name of supported organization (ii) EIN       (iii) Type of organization (described on lines 1-10       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)	f	Ent									
organization (i) 2117 (ii) 2117 (iii) 2117 (	g	Pro	vide the followi	ng information							
			.,		(ii) EIN		(iv) Is the orga in your govern	anization listed ing document?			
			organization				Yes	No	support (see ir	istructions)	support (see instructions)
Total	Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

## Schedule A (Form 990 or 990 EZ) 2020 FURNISHING HOPE INC.

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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							
	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.							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	<b>(f)</b> Total	
	Amounts from line 4	(.,	(1) = = = =	(-) =	(,	(-/	()	
	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
Ŭ	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	· · · · · · · · · · · · · · · · · · ·							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	etc. (see instructio	uns)			12		
	<b>First 5 years.</b> If the Form 990 is for th	(	/					
	organization, check this box and <b>stop</b>							
Sec	tion C. Computation of Publi		-				······ •	
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, o	olumn (f))		14	%	
	Public support percentage from 2019		•			15	%	
	33 1/3% support test - 2020. If the c					ore, check this box	and	
	stop here. The organization qualifies							
b	stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali							
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o					
	and if the organization meets the facts							
	meets the facts-and-circumstances te			-	-			
b	10% -facts-and-circumstances test	•	•		•			
	more, and if the organization meets th	0						
	organization meets the facts-and-circu							
18	Private foundation. If the organizatio		•					
	<u> </u>		,					

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## Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not			100000			4000566	
_	include any "unusual grants.")	467,779.	960,488.	1075964.	950,255.	844,080.	4298566.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,631.	237,356.	661,308.	304,716.	144,322.	1349333.	
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	469,410.	1197844.	1737272.	1254971.	988,402.	5647899.	
7a	Amounts included on lines 1, 2, and					010 110		
	3 received from disqualified persons				561,002.	212,419.	773,421.	
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
~	amount on line 13 for the yearAdd lines 7a and 7b				561,002.	212 419.	773,421.	
	Public support. (Subtract line 7c from line 6.)				301/0021	212/1190	4874478.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	469,410.	1197844.	1737272.	1254971.	988,402.	5647899.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	469,410.	1197844.	1737272.	1254971.	988,402.	5647899.	
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 50	01(c)(3) organizatio	on,	
	check this box and stop here						<b>)</b>	
	tion C. Computation of Publi						06 21	
	Public support percentage for 2020 (I					15	86.31 % 89.28 %	
	Public support percentage from 2019 ction D. Computation of Invest			<u></u>		16	89.28 %	
	•			ne 13. column (f))		17	.00 %	
	18 Investment income percentage from 2019 Schedule A, Part III, line 17       [18]       %         19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b	<b>b 33 1/3% support tests - 2019.</b> 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%, che							
20	Private foundation. If the organization							
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			15					

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## Schedule A (Form 990 or 990 EZ) 2020 FURNISHING HOPE INC.

1

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Yes No

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

## Section A. All Supporting Organizations

Part IV | Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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## Schedule A (Form 990 or 990-EZ) 2020 FURNISHING HOPE INC.

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization? 11	a	
b	A family member of a person described in line 11a above? 11	<b>b</b>	
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	•	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported		
2	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.		
Sec	tion C. Type II Supporting Organizations		<u> </u>
		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 <b>Part VI</b> how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations	<b>I</b>	<u> </u>
		Yes	No

			res	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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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 tha	the organization used to satis	y 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	a governmental entity (see instruction <u>s).</u>
-----	----------------------------------------------------	-----------------------------------------	---------------------------------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *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.* 

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2a

2b

3a

3b

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Yes No

# Schedule A (Form 990 or 990-EZ) 2020 FURNISHING HOPE INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

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## Schedule A (Form 990 or 990 EZ) 2020 FURNISHING HOPE INC.

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Par	t V   Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			_	
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	: From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e			_	
g	Applied to underdistributions of prior years			-	
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$			_	
<u>a</u>	Applied to underdistributions of prior years			-	
	Applied to 2020 distributable amount			_	
C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			-	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			_	
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Sign Envelo	pe ID: A069414F-09EF-4C28-B607-B58E0495BE6D		
Schedule A	(Form 990 or 990-EZ) 2020 FURNISHING HOPE INC.	20-0049351	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,

DocuSign Envelope ID: A069414F-09EF-4C28-B607-B58E0495BE6D

SC	SCHEDULE D Supplemental Financial Statements				
(Forr	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2020
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information	on	Open to Public Inspection
	e of the organization				identification number
_	-	FURNISHING HOPE INC		2	0-0049351
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		<u> </u>	
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year		fu un al a	
5	-		writing that the assets held in donor advised exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be use		
Ŭ			r donor advisor, or for any other purpose con		
	impermissible priva		·	0	Yes No
Pa			ganization answered "Yes" on Form 990, Par		
1		servation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a h	nistorically impor	tant land area
	Protection o	f natural habitat	Preservation of a c	certified historic	structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a	a conservation ea	asement on the last
	day of the tax year				at the End of the Tax Year
а	Total number of co	onservation easements		<u>2</u> a	
b	•				
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
•					
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during	j the tax
4	year	 where property subject to conservation eas			
-+ 5		tion have a written policy regarding the per			
5	•	orcement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conserv		
•		· · · · · · · · · · · · · · · · · · ·			s dannig the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements duri	ing the year
	▶\$				<b>o</b> ,
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense sta	tement and	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements	s that describes	the
D.	organization's acc	ounting for conservation easements.		0	
Pa			Art, Historical Treasures, or Othe	r Similar Ass	sets.
		the organization answered "Yes" on Form			
1a	0		8, not to report in its revenue statement and		Orks
			blic exhibition, education, or research in furth	erance of public	
h			ncial statements that describes these items. 8, to report in its revenue statement and bala	noo aboot work	of
D	-		exhibition, education, or research in furthera		
		ng amounts relating to these items:		ance of public se	
	-			▶ .\$	
2	.,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial ga		
_	0	unts required to be reported under FASB A	•		
а	-			> \$	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2020
03205	1 12-01-20				
			28		

^{2020.05000} FURNISHING HOPE INC.

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		ING HOPE I							49351		age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tre	easures, or	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	make sig	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition				change progra						
b	Scholarly research		e 🗌	Other							
С	Preservation for future generations										
4											
5											
De	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	on answered '	'Yes" on I	Form 990,	, Part IV, I	ine 9, or		
	• *										
та	Is the organization an agent, trustee, custodi										1
	on Form 990, Part X?							∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	bilowing t	able:					A		
-	Designing belonce								Amount		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on F						· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •		_		]
Par											<u></u>
	· · ·	(a) Current year		rior year	(c) Two year		( <b>d)</b> Three ye	ears back	(e) Four	vears	back
1a	Beginning of year balance									<u>,</u>	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		ce (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administer	ed for the	e organiza	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	<b>t VI</b> Land, Buildings, and Equipm					<b>D</b> 1 V 1					
	Complete if the organization answere				1			.	( ) > .		
	Description of property	(a) Cost or			t or other	• •	cumulate	d	(d) Book	value	е
	L sur d	basis (invest	,	Dasis	(other)	aep	preciation		1 = 0		<u></u>
-	Land		000.						150	, 01	50.
b	Buildings										
	Leasehold improvements			5	3,194.		30,60		2	) 50	94.
	Equipment			J	, , , , , , , , , , , , , , , , , , , ,		50,00	,	<u> </u>	., J.	/ 4 •
	Other				(0-)				172	5	94
Tota	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Parl	t X, Colum	<u>ın (B), line 1</u>	UC.)			Schedula	D (Form		
								Sourcarie	ווויט ון ייי		

032052 12-01-20

Part VII Investments - Other Securities.

### FURNISHING HOPE INC. Schedule D (Form 990) 2020

Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related		

## art VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	plymn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

032053 12-01-20

chedule D (Form 990) 2020 <b>FURNISHING HOPE INC.</b>		20-0049351 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Reven	
Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	
Part XII Reconciliation of Expenses per Audited Financial	Statements With Exper	nses per Return.
Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
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>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. li	(no. 10.)	

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.

032054 12-01-20

		Nonc	ash Contr	ibutions		OMB No. 1545-0047		
rm 990)	Complete if the en	nanizatione :	2020					
Department of the Treasury Attach to Form 990								
		/Form990 fo	r instructions and		Inspection			
e of the organizatior			~		Employ	yer identification numbe		
		HOPE IN	С.			20-0049351		
	Порену	(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on		nod of determining contribution amounts		
Art - Works of art								
				60,151.	FMV			
Cars and other veh	nicles							
Securities - Closely	/ held stock							
	1, ,							
			1	150,000.	APPRAIS	SAL		
Other 🕨 (	)							
Other ► (	)							
Other ► (	)							
Other (	)							
Number of Forms	8283 received by the organ	ization during	the tax year for co	ontributions				
		, <u></u> , <del>-</del>				Yes N		
During the year, di	d the organization receive t	oy contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
must hold for at lea	ast three years from the dat	te of the initia	I contribution, and	which isn't required to be us	sed for			
exempt purposes f	for the entire holding period	1?						
If "Yes," describe t	the arrangement in Part II.							
Does the organizat	tion have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	ions?	31 2		
6	•		•			32a 🏻 🏾		
		column (c) fo	r a type of property	, for which column (a) is cher	cked.			
describe in Part II.	a.an croport an amount m							
	Art - Works of art         Art - Works of art         Art - Historical treat         Art - Fractional inte         Books and publicat         Clothing and hous         Cars and other vel         Boats and planes         Intellectual proper         Securities - Publicat         Securities - Publicat         Securities - Niscell         Qualified conservat         Historic structures         Qualified conservat         Real estate - Common         Food inventory         Drugs and medicat         Taxidermy         Historical artifacts         Scientific specime         Archeological artifacts         Other       (         Other       (         Other       (         Other<	<ul> <li>Complete if the organization</li> <li>Attach to Form 999</li> <li>Go to www.irs.gov</li> <li>of the organization</li> <li>FURNISHING I</li> <li>Types of Property</li> </ul> Art - Works of art <ul> <li>Art - Historical treasures</li> <li>Art - Fractional interests</li> <li>Books and publications</li> <li>Clothing and household goods</li> <li>Cars and other vehicles</li> <li>Boats and planes</li> <li>Intellectual property</li> <li>Securities - Publicly traded</li> <li>Securities - Publicly traded</li> <li>Securities - Publicly traded</li> <li>Securities - Partnership, LLC, or</li> <li>trust interests</li> <li>Securities - Miscellaneous</li> <li>Qualified conservation contribution -</li> <li>Historic structures</li> <li>Qualified conservation contribution - Other</li> <li>Real estate - Commercial</li> <li>Real estate - Other</li> <li>Collectibles</li> <li>Food inventory</li> <li>Drugs and medical supplies</li> <li>Taxidermy</li> <li>Historical artifacts</li> <li>Scientific specimens</li> <li>Archeological artifacts</li> <li>Other ())</li> <li>Othe</li></ul>	Complete if the organizations a     Attach to Form 990.     Go to www.irs.gov/Form990 fo     Go to www.irs.gov/Form990 fo     Go to www.irs.gov/Form990 fo     Go to www.irs.gov/Form990 fo     Go to wow.irs.gov/Form990 fo     Go to wow.irs.gov/Form90 fo     Goo inventory     Goo inventory     Go to work.go to	▶ Complete if the organizations answered "Yes" o         ▶ Attach to Form 990.         ▶ Go to www.irs.gov/Form990 for instructions and         of the organization         FURNISHING HOPE INC.         1         Attach to Form 990.         Contributions on instructions on instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instructions or instruction or instructions or instructions or instructi				

032141 11-23-20

11251106 131839 237-705088-00

Schedule M	l (Form 990) 2020 <b>Supplementa</b>	FURNISHING	HOPE	INC.	20	-0049351	Page <b>2</b>
Part II	is reporting in Par	I Information. Pro	vide the in	formation required by Part I, lines 30b, 32b, ar ntributions, the number of items received, or a	nd 33, and wh combination	nether the organiza of both. Also comp	tion
032142 11-23-2	20					Schedule M (Form	990) 2020
				22			

11251106 131839 237-705088-00

#### OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (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. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization FURNISHING HOPE INC. 20-0049351

## FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VARIOUS OTHER ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7B:

LINE 7B EXPLANATION - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ARE ANY

EXPENDITURES OR OTHER CAPITAL DISBURSEMENT IN EXCESS OF \$5,000.

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

LINE 11B EXPLANATION - FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND BOARD

OF DIRECTORS PRIOR TO FILING.

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

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, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES ALL COMPENSATION FOR DIRECTORS AND TOP

MANAGEMENT OFFICIALS.

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

THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 18:

ALL PUBLIC DOCUMENTS ARE PROVIDED UPON REQUEST WITHIN 30 DAYS.

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

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC

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

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 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

11251106 131839 237-705088-00

34 2020.05000 FURNISHING HOPE INC.

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization	Employer identification number
FURNISHING HOPE INC.	20-0049351

## FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCT	'IONAL EXPENSES:
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	32,180.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,180.
OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	13,475.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,475.
UTILITIES:	
PROGRAM SERVICE EXPENSES	11,836.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,836.
BANK SERVICE CHARGES:	
PROGRAM SERVICE EXPENSES	10,153.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,153.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	6,736.
032212 11-20-20 <b>35</b>	Schedule O (Form 990 or 990-EZ) 2020

11251106 131839 237-705088-00

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization FURNISHING HOPE INC.	Employer identification number 20-0049351
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,736.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5,614.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,614.
POSTAGE AND SHIPPING:	
PROGRAM SERVICE EXPENSES	1,942.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,942.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	81,936.

FILED - KEEP FOR YOUR RECORDS Form 8868 (Day laws 2000)									
(Rev. January 2020)	Exempt Organization Return	OMB No. 1545-0047							
Department of the Treasury Internal Revenue Service	<ul> <li>File a separate application for each return.</li> <li>Go to www.irs.gov/Form8868 for the latest information.</li> </ul>								
forms listed below with	You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit extension request must be sent to the IRS in paper format (see instructions). For more details on the ele								

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpaver	ridentificatio	n number (TIN)			
print									
-	FURNISHING HOPE INC. 20-0049351								
File by the due date for filing your	y the ate for Number, street, and room or suite no. If a P.O. box, see instructions.								
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWPORT BEACH, CA 92660									
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1			
Applica	tion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99	0-BL	02	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	0-PF	04	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above)	06	Form 8870			12			
• If the • If this box > 1 Ir th 2 If	the tax year entered in line 1 is for less than 12 months, ch	Group Exe and atta NOVEMI anization's , an neck reaso	mption Number (GEN) I ch a list with the names and TINs of <u>BER 15, 2021</u> , to file return for: d ending on: Initial return	f this is fo all memb	r the whole <u>o</u> ers the exter npt organizat	group, check this			
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
es	timated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.			
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by						
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.			
instructi	: If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice,	•		153-EO an		9-EO for payment 3868 (Rev. 1-2020)			