<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logan</td>
<td>123 Main St</td>
<td>A</td>
<td>OH</td>
<td>12345</td>
</tr>
<tr>
<td>Steve</td>
<td>456 Doe Rd</td>
<td>B</td>
<td>OH</td>
<td>12345</td>
</tr>
<tr>
<td>John</td>
<td>789 Smith Ave</td>
<td>C</td>
<td>OH</td>
<td>12345</td>
</tr>
<tr>
<td>Jane</td>
<td>012 Bridge St</td>
<td>D</td>
<td>OH</td>
<td>12345</td>
</tr>
<tr>
<td>Jane</td>
<td>321 Crossing Ln</td>
<td>E</td>
<td>OH</td>
<td>12345</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exempt Number</th>
<th>Date</th>
<th>Revenue</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>5555</td>
<td>01/01/2023</td>
<td>$1,234</td>
<td>$567</td>
</tr>
<tr>
<td>6666</td>
<td>01/01/2024</td>
<td>$2,345</td>
<td>$789</td>
</tr>
<tr>
<td>7777</td>
<td>01/01/2025</td>
<td>$3,456</td>
<td>$987</td>
</tr>
</tbody>
</table>

**Schedule 8**

**Total Revenue**: $1,234,567.88

**Total Expenses**: $567,890.12
Part III
Statement of Program Service Accomplishments

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

Briefly describe the organization's mission:
THE FURNITURE BANK OF CENTRAL OHIO REDUCES THE IMPACT OF POVERTY TO ECONOMICALLY CHALLENGED CENTRAL OHIO FAMILIES BY STABILIZING LIVING SITUATIONS WITH FURNITURE.

We are a unique and collaborative nonprofit organization that collects, builds and distributes 50,000 pieces of furniture.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: )
(Expenses $4,297,071. including grants of $1,637,189.)
(Revenue $793,632.)

THE FURNITURE BANK DISTRIBUTED 50,000 PIECES OF FURNITURE TO 3,300 LOW INCOME FAMILIES WITH THE HELP OF OVER 8,000 FURNITURE DONORS AND 2,700 VOLUNTEERS.

4b (Code: )
(Expenses $ including grants of $)
(Revenue $4)

4c (Code: )
(Expenses $ including grants of $)
(Revenue $)

4d Other program services (Describe in Schedule O.)

4e Total program service expenses $4,297,071.
Describe whether there is an arrangement for the
organization’s employees, officers, and directors?

Yes, the organization’s officers, the director,
and employees are all granted significant
authority to participate in the organization’s
processes, in line with its membership rules.

...
<table>
<thead>
<tr>
<th>Part</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1a</td>
</tr>
<tr>
<td>2</td>
<td>1b</td>
</tr>
<tr>
<td>3</td>
<td>1c</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Sub-total:** $100,000

**Total:** $150,000

**Average:** 75,000

Did any individual's compensation for 2018 exceed $100,000? **Yes,** $147,973.

Did any individual's compensation for 2018 exceed $150,000? **No.**

If any individual's compensation for 2018 exceeded $100,000, state the amount: **$147,973.**

If any individual's compensation for 2018 exceeded $150,000, state the amount: **$150,000.**

For any individual who received compensation for 2018 in excess of $100,000, indicate whether such compensation was reportable: **Yes,** $147,973.

For any individual who received compensation for 2018 in excess of $150,000, indicate whether such compensation was reportable: **Yes,** $150,000.

If any individual received compensation for 2018 that was reportable, indicate the amount: **$147,973.**

If any individual received compensation for 2018 that was not reportable, indicate the amount: **$150,000.**

For any individual who received compensation for 2018 that was reportable, indicate whether the amount was also reportable by the individual: **Yes,** $147,973.

For any individual who received compensation for 2018 that was not reportable, indicate whether the amount was also reportable by the individual: **Yes,** $150,000.

For any individual who received compensation for 2018 that was reportable, indicate whether the amount was also reportable by the individual's employer: **Yes,** $147,973.

For any individual who received compensation for 2018 that was not reportable, indicate whether the amount was also reportable by the individual's employer: **Yes,** $150,000.
### Table 1: Revenue Classification

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Gross Revenue</th>
<th>Expenses</th>
<th>Net Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Contributions</td>
<td>$440,872</td>
<td>$30,540</td>
<td>$409,332</td>
</tr>
<tr>
<td>Other Fundraising Related</td>
<td>$25,970</td>
<td>$1,293</td>
<td>$24,677</td>
</tr>
<tr>
<td>Membership</td>
<td>$1,293,966</td>
<td>$52,576</td>
<td>$1,241,390</td>
</tr>
<tr>
<td>Royalties</td>
<td>$576,048</td>
<td>$293,966</td>
<td>$282,082</td>
</tr>
</tbody>
</table>

**Note:** All amounts are reported in USD as of December 31, 2018. The table includes gross contributions, other fundraising related activities, membership dues, and royalties. Gross contributions are the total amount received from contributions, while expenses are those incurred in connection with these contributions. Net revenue is calculated as the difference between gross contributions and expenses.
Travel Accounting and Grants organizations, other compensation above. 

MISCELLANEOUS educational information and lobbying fees for individuals. 

Payments for expenses. 

Joint costs. 

Items and column amounts. 

here amounts and costs. 

Include any costs. 

I costs. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Federal, state, and local expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses. 

Itemize expenses. 

Add expenses. 

Schedule expenses. 

Property line expenses.
The Internal Revenue Service (IRS) schedules are used to determine the income tax status of various organizations. The schedules provide guidelines for determining whether an organization qualifies for tax-exempt status under section 501 of the Internal Revenue Code.

For example, Schedule F is used to determine whether a church qualifies for tax-exempt status as a religious organization. Schedule D is used to determine whether a hospital qualifies for tax-exempt status as a hospital organization. Schedule C is used to determine whether a college qualifies for tax-exempt status as an educational organization.

The IRS also requires organizations to file Form 990, which is a report that provides information about the organization's activities, financial statements, and tax status. The form is due on the anniversary of the date the organization was granted tax-exempt status.

Organizations that fail to file the required forms or provide inaccurate information may lose their tax-exempt status and be subject to tax liability.

In summary, the IRS schedules and Form 990 are important tools used to determine the tax status of various organizations and ensure compliance with tax laws.
### Schedule A

**Form 990 or 990-EZ**

#### Page 6

<table>
<thead>
<tr>
<th>Part V</th>
<th>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section A - Adjusted Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

4. Add lines 1 through 3.

5. Depreciation and depletion.

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).

7. Other expenses (see instructions).

8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>a</strong> Average monthly value of securities</td>
</tr>
<tr>
<td></td>
<td><strong>b</strong> Average monthly cash balances</td>
</tr>
<tr>
<td></td>
<td><strong>c</strong> Fair market value of other non-exempt-use assets</td>
</tr>
</tbody>
</table>

1d. Total (add lines 1a, 1b, and 1c).

2. Discount claimed for blockage or other factors (explain in detail in Part VI).

3. Acquisition indebtedness applicable to non-exempt-use assets.

4. Subtract line 2 from line 1d.

5. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).

6. Net value of non-exempt-use assets (subtract line 4 from line 3).

7. Multiply line 5 by .035.

8. Minimum Asset Amount (add line 7 to line 6).

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th>Adjusted net income for prior year (from Section A, line 8, Column A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>2</strong> Enter 85% of line 1</td>
</tr>
<tr>
<td></td>
<td><strong>3</strong> Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td></td>
<td><strong>4</strong> Enter greater of line 2 or line 3</td>
</tr>
</tbody>
</table>

5. Income tax imposed in prior year.

6. Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).
**Schedule A**

(Form 990 or 990-EZ) 2018

**FURNITURE BANK OF CENTRAL OHIO**

<table>
<thead>
<tr>
<th>Type</th>
<th>III</th>
<th>Non-Functionally Integrated 509(a)(3) Supporting Organizations</th>
</tr>
</thead>
</table>

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

- **Current Year Amounts paid to supported organizations to accomplish exempt purposes**
- **Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity**
- **Administrative expenses paid to accomplish exempt purposes of supported organizations**
- **Amounts paid to acquire exempt-use assets**
- **Qualified set-aside amounts (prior IRS approval required)**
- **Other distributions (describe in Part VI). See instructions.**

#### Total annual distributions

Add lines 1 through 6.

#### Distributions to attentive supported organizations to which the organization is responsive

(Provide details in Part VI). See instructions.

#### Distributable amount for 2018 from Section C, line 6

1. Distributable amount for 2018 from Section C, line 6
2. Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.
3. Excess distributions carryover, if any, to 2018

- From 2013
- From 2014
- From 2015
- From 2016
- From 2017

4. Total of lines 3a through e
5. f. Total of lines 3g, 3h, and 3i from e
   - Applied to underdistributions of prior years
   - Applied to 2018 distributable amount
   - Remainder. Subtract lines 4a and 4b from 4.

6. Remaining underdistributions for 2018. Subtract lines 3g and 4a from line 1. For result greater than zero, explain in Part VI. See instructions.

7. Excess distributions carryover to 2019. Add lines 3j and 4c.

8. Breakdown of line 7:
   - Excess from 2014
   - Excess from 2015
   - Excess from 2016
   - Excess from 2017
   - Excess from 2018

19

**832027 10-11-18**

**12331114 786250 44087-24000 2018.05000**

**FURNITURE BANK OF CENTRAL OHIO 0 44087-22**
Part VI Page 8

Supplemental Information. Provide the explanations required by:

- Part II, line 10;
- Part II, line 17a or 17b;
- Part III, line 12;
- Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c;
- Part IV, Section B, lines 1 and 2;
- Part IV, Section C, line 1;
- Part IV, Section D, lines 1c, 2a, 2b, 3a, and 3b;
- Part V, line 1;
- Part V, Section B, line 1e;
- Part V, Section D, lines 5, 6, and 8; and
- Part V, Section E, lines 2, 5, and 6.

Also complete this part for any additional information.

(See instructions.)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$103,350.00</td>
<td>Person(X) Payroll</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$100,000.00</td>
<td>Person(X) Payroll</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$88,675.00</td>
<td>Person(X) Payroll</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$86,806.00</td>
<td>Person(X) Payroll</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$56,050.00</td>
<td>Person(X) Payroll</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$50,340.00</td>
<td>Person(X) Payroll</td>
</tr>
</tbody>
</table>
Schedule B

Name of organization: FURNITURE BANK OF CENTRAL OHIO

Employer identification number: 31-1600869

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

(a) No.
(b) Name, address, and ZIP
(c) Total contributions
(d) Type of contribution

7 $50,000.
Person 1 X I Payroll Noncash
(Complete Part II for noncash contributions.)

8 $45,800.
Person X I Payroll Noncash
(Complete Part II for noncash contributions.)

9 $36,050.
Person X Payroll Noncash
(Complete Part II for noncash contributions.)

10 $35,000.
Person X I Payroll Noncash
(Complete Part II for noncash contributions.)

11 $33,305.
Person X I Payroll Noncash
(Complete Part II for noncash contributions.)

12 $28,815.
Person X Payroll Noncash
(Complete Part II for noncash contributions.)
FURNITURE BANK OF CENTRAL OHIO

Employer identification number 31-1600869

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

(a) No.
(b) Name, address, and ZIP
(c) Total contributions
(d) Type of contribution

13 $26,720. Person X Payroll Noncash X

14 $25,220. Person X Payroll Noncash X

15 $22,825. Person X Payroll Noncash X

16 $20,000. Person X Payroll Noncash X

17 $20,000. Person X Payroll Noncash X

18 $16,980. Person X Payroll Noncash X

(Complete Part II for noncash contributions.)

(a) No.
(b) Name, address, and ZIP
(c) Total contributions
(d) Type of contribution
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Person 1 X Payroll Noncash</td>
<td>$15,000.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Person 1 X Payroll Noncash</td>
<td>$15,000.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Person 1 Payroll Noncash</td>
<td>$14,920.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Person 1 Payroll Noncash</td>
<td>$13,815.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Person 1 Payroll Noncash</td>
<td>$13,520.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Person 1 Payroll Noncash</td>
<td>$12,700.</td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
**Name of organization**

FURNITURE BANK OF CENTRAL OHIO

**Employer identification number**

31-1600869

**Part I: Contributors**

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Person 1 X I Payroll</td>
<td>$11,000</td>
<td>Noncash</td>
</tr>
<tr>
<td>26</td>
<td>Person X Payroll</td>
<td>$10,000</td>
<td>Noncash</td>
</tr>
<tr>
<td>27</td>
<td>Person X Payroll</td>
<td>$9,480</td>
<td>Noncash</td>
</tr>
<tr>
<td>28</td>
<td>Person X Payroll</td>
<td>$8,360</td>
<td>Noncash</td>
</tr>
<tr>
<td>29</td>
<td>Person 1 X Payroll</td>
<td>$8,224</td>
<td>Noncash</td>
</tr>
<tr>
<td>30</td>
<td>Person 1 Payroll</td>
<td>$7,500</td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Person 1 X</td>
<td>$6,910.00</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>32</td>
<td>Person 1 X</td>
<td>$6,820.00</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>33</td>
<td>Person 1 X</td>
<td>$6,041.00</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>34</td>
<td>Person 1 X</td>
<td>$5,955.00</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>35</td>
<td>Person 1 X</td>
<td>$5,955.00</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>36</td>
<td>Person 1 X</td>
<td>$5,500.00</td>
<td>Payroll Noncash</td>
</tr>
</tbody>
</table>
Name of organization

FURNITURE BANK OF CENTRAL OHIO

Employer identification number

31-1600869

Part I
Contributors

(see instructions).

Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>Person 1 X 1</td>
<td>$5,106.</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>38</td>
<td>Person 1 X 1</td>
<td>$5,000.</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>39</td>
<td>Person 1 X 1</td>
<td>$5,000.</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>40</td>
<td>Person 1 X 1</td>
<td>$5,000.</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>41</td>
<td>Person 1 X 1</td>
<td>$5,000.</td>
<td>Payroll Noncash</td>
</tr>
<tr>
<td>42</td>
<td>Person 1 X 1</td>
<td>$5,000.</td>
<td>Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Schedule B
Form 990, 990-EZ, or 990-PF (2018)

#### Name of organization
FURNITURE BANK OF CENTRAL OHIO

#### Employer identification number
31-1600869

### Part 1
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>$5,000.</td>
<td>Person X I Payroll</td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>$5,000.</td>
<td>Person X I Payroll</td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>$5,000.</td>
<td>Person X I Payroll</td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>$5,000.</td>
<td>Person X I Payroll</td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No.</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>VARIOUS FURNITURE</td>
<td>$88,675</td>
<td>11-08-18</td>
</tr>
<tr>
<td>4</td>
<td>WOODSHOP MATERIALS</td>
<td>$86,806</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>VARIOUS FURNITURE</td>
<td>$50,340</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>VARIOUS FURNITURE</td>
<td>$33,305</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>VARIOUS FURNITURE</td>
<td>$28,815</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>VARIOUS FURNITURE</td>
<td>$25,220</td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate)</td>
<td>Date received</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>15</td>
<td>VARIOUS FURNITURE</td>
<td>$22,825.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>VARIOUS FURNITURE</td>
<td>$20,000.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>VARIOUS FURNITURE</td>
<td>$16,980.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>VARIOUS FURNITURE</td>
<td>$14,920.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>VARIOUS FURNITURE</td>
<td>$13,815.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>VARIOUS FURNITURE</td>
<td>$13,520.</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate)</td>
<td>Date received</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>24</td>
<td>VARIOUS FURNITURE</td>
<td>$12,700.00</td>
<td>11-08-18</td>
</tr>
<tr>
<td>28</td>
<td>VARIOUS FURNITURE</td>
<td>$8,360.00</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>VARIOUS FURNITURE</td>
<td>$6,820.00</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>VARIOUS FURNITURE</td>
<td>$5,955.00</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>VARIOUS FURNITURE</td>
<td>$5,955.00</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>VARIOUS FURNITURE</td>
<td>$5,500.00</td>
<td></td>
</tr>
</tbody>
</table>
Name of organization

FURNITURE BANK OF CENTRAL OHIO

Part I

Employer identification number
31-1600869

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.

Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info, once.)

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
</tr>
</tbody>
</table>

Transferee's name, address, and ZIP code

Relationship of transferor to transferee
Schedule D (Form 990) 2018

FURNITURE BANK OF CENTRAL OHIO 31-1600869

Part Vll | Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)
(b) Book value
(c) Method of valuation: Cost or end-of-year market value

(1) Financial derivatives
(2) Closely-held equity interests
(3) Other

(A) (B) (C) (D) (E) (F) (G) (H)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII | Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment
(b) Book value
(c) Method of valuation: Cost or end-of-year market value

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX | Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Description
(b) Book value

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X | Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(1) (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XIII
#### Supplemental Information (continued)

**Positions Requiring an Accrual or Disclosure in the Financial Statements.**

There were no interest or penalties recognized in the Statement of Activities and Change in Net Assets for the years ended December 31, 2018 or 2017 related to uncertain tax positions. The organization is no longer subject to U.S. federal or state tax examinations for years prior to 2015.

**Part XI, Line 2D - Other Adjustments:**

- Rental Expenses: $4,030
- Cost of Goods Sold: $75,048

**Total to Schedule D, Part XI, Line 2D:** $79,078

**Part XII, Line 2D - Other Adjustments:**

- Rental Expenses: $4,030
- Cost of Goods Sold: $75,048

**Total to Schedule D, Part XII, Line 2D:** $79,078
**Schedule G (Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

---

**Name of the organization**
FURNITURE BANK OF CENTRAL OHIO

**Employer identification number**
31-1600869

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - Yes
   - No

   (i) Name and address of individual or entity (fundraiser)
   (ii) Activity
   (iii) Did fundraiser have custody or control of contributions?
   (iv) Gross receipts from activity
   (v) Amount paid to (or retained by) fundraiser listed in col. (i)
   (vi) Amount paid to (or retained by) organization

---

**Total** 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

Schedule G (Form 990 or 990-EZ) 2018

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1 BIG HEARTS</th>
<th>Event #2 BED RACE</th>
<th>Other Events</th>
<th>Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Receipts</td>
<td>199,762</td>
<td>58,353</td>
<td>258,115</td>
<td>3</td>
</tr>
<tr>
<td>Cash Prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash Prizes</td>
<td>169</td>
<td>169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/Facility Costs</td>
<td>5,120</td>
<td>4,782</td>
<td>9,902</td>
<td></td>
</tr>
<tr>
<td>Food and Beverages</td>
<td>18,508</td>
<td>1,328</td>
<td>19,836</td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td>8,880</td>
<td>1,106</td>
<td>9,986</td>
<td></td>
</tr>
<tr>
<td>Other Direct Expenses</td>
<td>9,536</td>
<td>3,147</td>
<td>12,683</td>
<td></td>
</tr>
</tbody>
</table>

**Part III Gaming**

<table>
<thead>
<tr>
<th>Gaming Event Type</th>
<th>Gross Revenue</th>
<th>Cash Prizes</th>
<th>Noncash Prizes</th>
<th>Rent/Facility Costs</th>
<th>Food and Beverages</th>
<th>Entertainment</th>
<th>Other Direct Expenses</th>
</tr>
</thead>
</table>

**Net Income Summary**

Subtract line 1, column (d) from line 3, column (d).

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

- Is the organization licensed to conduct gaming activities in each of these states? Yes / No
- If "No," explain: ____________________________
- Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? Yes / No
- If "Yes," explain: ____________________________

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Schedule G (Form 990 or 990-EZ) 2018

FURNITURE BANK OF CENTRAL OHIO 31-1600869

Page 2
Schedule G (Form 990 or 990-EZ) 2018

FURNITURE BANK OF CENTRAL OHIO

11 12 13 14

13a Does the organization conduct gaming activities with nonmembers?

13b Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

14 Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

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

Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party:

$ __________

16c If "Yes," enter name and address of the third party:

Name
Address

Gaming manager information:

Name
Gaming manager compensation
Description of services provided

17 Director/officer I I Employee I Independent contractor

18 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

Name of the organization

FURNITURE BANK OF CENTRAL OHIO

Employer identification number

31-1600869

Part I
General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

I X Yes

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000.

Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government
1 (b) EIN
1 (c) IRC section (if applicable)
1 (d) Amount of cash grant
1 (e) Amount of non-cash assistance
1 (f) Method of valuation (book, FMV, appraisal, other)
1 (g) Description of noncash assistance
1 (h) Purpose of grant or assistance

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

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

LHA

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

Grants and Other Assistance to Domestic Individuals

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

UNRESTRICTED DONATION FOR PERSONAL USE
7,102,189

832102
11-02-18

Part IV

Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
Schedule M (Form 990) 2018

Part II Supplemental Information.

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION UTILIZES A PROFESSIONAL AUCTIONEER TO LIQUIDATE FURNITURE ITEM DONATIONS PERIODICALLY IF THE ITEM IS NOT USABLE BY CLIENTS OR IS OF SIGNIFICANT VALUE.
SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

FURNITURE BANK OF CENTRAL OHIO

Employer identification number

31-1600869

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION
MISSION:
CENTRAL OHIO FAMILIES BY STABILIZING LIVING SITUATIONS WITH FURNITURE.

WE ARE A UNIQUE AND COLLABORATIVE NONPROFIT ORGANIZATION THAT COLLECTS, BUILDS AND DISTRIBUTES 50,000 PIECES OF FURNITURE SUPPORTING CLOSE TO 3,300 FAMILIES ANNUALLY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION
MISSION:
FURNITURE SUPPORTING CLOSE TO 3,300 FAMILIES ANNUALLY.
THE FURNITURE BANK LAUNCHED ITS FIRST SOCIAL ENTERPRISE, FURNITURE WITH A HEART, A FURNITURE THRIFT STORE TO HELP SUPPORT THE MISSION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS REVIEWED BY THE OPERATIONS COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL THE DIRECTORS AND OFFICERS OF THE FURNITURE BANK. THE POLICY SPECIFICALLY DETAILS THE APPROVAL PROCESS FOR ANY DIRECTOR OR OFFICER WHEN THEY HAVE A PERSONAL, BUSINESS, FAMILIAL, OR AFFILIATION INTEREST IN A TRANSACTION INVOLVING THE FURNITURE BANK. ALL SUCH INTERESTS MUST BE DISCLOSED THE BOARD AND RECEIVE PROPER APPROVAL PRIOR TO THE TRANSACTION TAKING PLACE.

FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION IS REVIEWED AND DECIDED BY VOTING MEMBERS ON THE BOARD.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211
10-10-18
47
12331114
786250
44087-24000
2018.05000
FURNITURE BANK OF CENTRAL OHIO
44087-22
**Schedule O**
(Form 990 or 990-EZ) (2018)

Name of the organization

FURNITURE BANK OF CENTRAL OHIO

Employer identification number

31-1600869

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

THESE DOCUMENTS ARE AVAILABLE AT COLUMBUSFOUNDATION.ORG AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCIAL STATEMENTS ARE REVIEWED BY THE OPERATIONS COMMITTEE.

832212

10-10-18

Schedule O (Form 990 or 990-EZ) (2018)