			Public Disclosure Copy				
F	, 9 9	AU I	Return of Organization Exempt From Income Ta	X		OMB No. 154	5-0047
Forn					•1	201	8
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for		tions	·	
Depa	artment o	of the Treasury nue Service	 Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information. 	3.		Open to P	
	· · · · · · · · · · · · · · · · · · ·			abor	21	, 20 18	U I
			ndar year, or tax year beginning January 1 , 2018, and ending Decem C Name of organization Hope in a Suitcase			r identification nu	mber
		s change	Doing business as			47-5071911	
	Name c		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Tek	ephon	le number	
	Initial re	-	311 N. Robertson Blvd. #715		-	(310)995-1279	
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				,
	Amende	ed return	Beverly Hills, CA 90211	G Gro	oss re	ceipts \$	360,637
	Applicat	tion pending	F Name and address of principal officer: Marsha Austen H(a) is this a gr	oup retu	um for s	ubordinates? 🗌 Yes	🛛 No
						included? 🗌 Yes	
1	Tax-exe	mpt status:	✓ 501(c)(3)	o," att	ach a	list. (see instruction	15)
	Website		einasuitcase.org H(c) Group	exem	ption	number 🕨	
	_		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 2015	<u>M</u> :	State	of legal domicile:	CA
Pa	artl	Summ					
	1	•	scribe the organization's mission or most significant activities: To provide children				r care
Activities & Governance		or in foste	r care with clothes, blankets, and other essentials. In 2018, items have been provided to	o ove	er 3,2	00 children.	
Ê	2	Chook thi	s box I if the organization discontinued its operations or disposed of more than	250	6 of i	to not accote	
0	3		of voting members of the governing body (Part VI, line 1a)	237	3	ts net assets.	11
ي مر	4		of independent voting members of the governing body (Part VI, line 1a)		4		<u>11</u> 11
es	5		ber of individuals employed in calendar year 2018 (Part V, line 2a)		5		0
iviti	6		Iber of volunteers (estimate if necessary)		6		420
Act	- 7a		elated business revenue from Part VIII, column (C), line 12		7a		0
	b		ated business taxable income from Form 990-T, line 38	- F	7b		0
			Prior Ye	ar		Current Ye	ar
0	8	Contribut	ions and grants (Part VIII, line 1h)	331,	,833		306,706
Revenue	9	-	service revenue (Part VIII, line 2g)		0		16,225
Sev	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0		568
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	331,	,833		323,499
	13		d similar amounts paid (Part IX, column (A), lines 1–3)		0		<u>51,950</u>
	14		baid to or for members (Part IX, column (A), line 4)		0		<u> </u>
ses	15 16a		other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e)	1,	,641 0		<u>6,333</u> 0
Expens	b		draising expenses (Part IX, column (D), line 25)	2053472	10	A CONTRACTOR OF	APARALIST
ä	17		benses (Part IX, column (A), lines 11a–11d, 11f–24e)	195,	618	And the second second	197,457
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	197,			255,740
	19		less expenses. Subtract line 18 from line 12	134.			67,759
망왕			Beginning of Cu		·	End of Yea	
sets -	20	Total ass	ets (Part X, line 16)	232,	,336		301,717
d Bs	21	Total liabi	lities (Part X, line 26)	1,	,928		3,550
Net Assets or Fund Balances			s or fund balances. Subtract line 21 from line 20	230,	,408		298,167
Pa	art II		ure Block				
Un	der pena	alties of perjur	y, I declare that I have examined this return, including accompanying schedules and statements, and to the	te bes	st of m	ny knowledge and	belief, it is
tru	e, correc	and comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	suge.		() -	
C :-			the of officer Dat	<u>0[</u>	28	/ 9	
Sig	n 1	Signa	Dat				

nere	Type or print name and title	DRA) CHIEF TIMAN	CAL OFPILE	R
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed
Use Only	Firm's name		Firm	's EIN ►
USC Only	Firm's address ►		Pho	1e no.
May the IRS	discuss this return with the pro-	eparer shown above? (see instruction	ons)	🗌 Yes 🗌 No
				Form 990 (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2018) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide children and teens entering foster care or in foster care with clothes, blankets, other essentials, and comfort items
	to help ease their transition. At a higher level, the mission is to spread awareness of the challenges facing children in foster care.
	Current programming is concentrated in the Greater Los Angeles area.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 251,106 including grants of \$ 51,950) (Revenue \$ 16,225)
-14	To provide children and teens entering foster care or in foster care with clothes, blankets and other essentials. In 2018, items have been provided to over 3,200 children.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(0000)(Expenses 4
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 251,106

Part IV

10

11

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		✓
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		~
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		~
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		1
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		√ =
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		~
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	√
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	\checkmark
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . .

J Form 990 (2018)

20a 20b

21

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Part	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		✓
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		√
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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		1
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		1
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):		R. S.	
i a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 Image: A start of the start of	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ✓
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		1
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		 ✓
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	√ ∂	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	A LOUGH	1100	100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2	the second	134C
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1300	1643	12/14

Did the organization comply with backup withholding rules for reportable payments to vendors an reportable gaming (gambling) winnings to prize winners?

Form 990 (2018)

1c

Form 99			8	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
•	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	000001	105	NO
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	designer of	addropolitical
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2550	94 - 4	33.734
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:	Part		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	States -		3.50
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	12005	C. C. C. C.	1 Set 7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	C. CARL		
	and services provided to the payor?	7a		1
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	A. 2010	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	02.191	1363	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	15764	No.	NR. TA
8	sponsoring organization have excess business holdings at any time during the year?	8		and the second second
9	Sponsoring organizations maintaining donor advised funds.	1.13		1215-51
ă	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:	ALC:		
а	Initiation fees and capital contributions included on Part VIII, line 12	1995		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			BAL
11	Section 501(c)(12) organizations. Enter:	諸和		
а	Gross income from members or shareholders	1.00		2
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them.)	12a	6-00000	CONTRACTOR OF
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	State 1		100000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			影為
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
-	Note. See the instructions for additional information the organization must report on Schedule O.	1000	State of the	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	and the second		
	the organization is licensed to issue qualified health plans	X State		A.15
c	Enter the amount of reserves on hand	10.50	alfren.	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	15		1
	excess parachute payment(s) during the year?	(Higher	1019	SIS SA
46	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Sector Con	1
16	If "Yes," complete Form 4720, Schedule O.	52161		19974
	B 100, COMPACT ON HILD CONSULT OF	Form	990) (2018)

Form 99	0 (2018)				Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management				
			1020610	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year.	1a 11	544		in the second
	If there are material differences in voting rights among members of the governing body, or		一般	Ser 1	in the
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		14		S. S.
ь	Enter the number of voting members included in line 1a, above, who are independent	1b 11		1	1 and
2	Did any officer, director, trustee, or key employee have a family relationship or a business	the second se			
	any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or oth	er person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		1
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b	100000	1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	idertaken during	A.		12
а	The governing body?		8a	\checkmark	_
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule ()	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		
	Di titi di si		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	· · · · ·	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exert		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1366	11/10	13523
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gir	ve rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"			
	describe in Schedule O how this was done		12c	 Image: A start of the start of	-
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14	INCOME.	1
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberati	and approval by	tals	Si-	and the second
а	The organization's CEO, Executive Director, or top management official		15a	and and a second	1
b	Other officers or key employees of the organization		15b		1
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		2.45	and the	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar arrangement	NG.	1226	3841
	with a taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its	the second		250
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b	100.000	Leenth
Conti	on C. Disclosure		100		
17	List the states with which a capy of this Form 000 is required to be filed > CA				<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-	r (Sec	tion (501(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all th	at apply.	`		
	☑ Own website	chedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of inf	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords		
	Andrew Horn 311 N. Robertson Blvd. #715, Beverly Hills, CA 90211 (310)261-4327				

rm 990 (2018) Page 7	Form 990 (201
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	Part VII
Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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

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

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

					C)						_
(A)	(B)	(J			ition			(D)	(E)	(F)	
Name and Title	Average	box,	unles	s pe	rson	e than oi is both	an	Reportable	Reportable	Estimated	
	hours per week (list any	<u> </u>	· · · ·		_	or/truste	<u> </u>	compensation from	compensation from related	amount of other	
	hours for related organizations below dotted line)	or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Marsha Austen	25										
Executive Director		 ✓ 		1					0		0
(2) Andrew Horn	2										
Chief Financial Officer		✓		1				0	0		0
(3) Stacy Kravetz	10										
Treasurer		1		1				0	0		0
(4) Margaret Meenaghan	2	Į									
Secretary	8. S	1	ļ	√				0	0		0
(5) Barbara Bartman	2										
Director (as of 09/2018)	75.2	 ✓ 						0	0		0
(6) Nicole Brzeski	2										
Director	100 C	1	_	L		 		C	0		0
(7) Eufe De La Torre	2								1		
Director	100 m	1	Ļ	<u> </u>	<u> </u>	┟──┤		0	0		0
(8) Alexandra Fuller	2									-	_
Director	72	1	-		-	<u> </u>		C			0
(9) Danelle Geller	10										_
Director		1	-	_		$\left \right $		C	0		0
(10) Rebecca George	2	{ ,									
Director		√		-		+		C	0		0
(11) Sherri McGee McCovey	2										
Director (as of 09/2018)		↓		<u> </u>	+	├ ──┤		(0		0
(12) Melissa Burton											
Director (until 09/2018)			+		+	+ -			<u>├──</u> ──		
(13)		1									
(4.4)	22	<u>+</u>	<u>+</u>	\vdash	+	┼──┤		<u> </u>			_
(14)		1									

Form 990 (2018)

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (c	ontinu	ed)		
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos leck is pe d a d	rson	than o Is both	n an tee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estima amout othe	ated nt of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compen from organiz and re organiz	sation the ation lated	
(15)														
(16)														
(17)					\square									
(18)				┢				$\left - \right $						
	1													
				┢	<u> </u>			$\left \right $						
						\vdash		\vdash			+			
(22)						╞		╞			+			
	·					\vdash		\vdash			+			
		 				\vdash		┝			+			
(25)						\vdash		╞			+			
1b	Sub-total	1	1						0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A	•	•	•			0		0			0
2	Total number of individuals (including bu reportable compensation from the organ		d to th	1056) iisi	ted	above	e) w	ho received m 0	ore than \$10	0,000) of		
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emp	oloyee, or high	iest comper	sated	Contraction of the		No V
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	07	f "Ye	s,"	complete Sch	pensation from the dule J for	m the such	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m any	/ ur	related organia	zation or indi	vidual	5		/
Section	on B. Independent Contractors										2			
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ed in Insatio	dep on f	end or tl	ient he c	contr alenc	act lar y	ors that receive year ending with	ed more than th or within the	he org	ganizatior	n's tax	
	(A) Name and business ad	dress							(B) Description of s	ervices		(C) Compensat	tion	
										0				
2	Total number of independent contract	ors (includi	ng bi	ut n	ot	limi	ted to	l o ti		ove) who		e e		
	received more than \$100,000 of compen-	sation from	me ol	gan	nzal	non	-		0		11111	ALL DISCUSSION OF THE	5-1-1-F	L FRE

	90 (2018	8)							Page 9
Part	: VIII	Statement of Reve	enue						
		Check if Schedule C	contains a i	resp	onse or note to	any line in this I	Part VIII		₂ . 🗖
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts s	1a	Federated campaigns	31	1a			of the second	Takan Bakaka	Added to the
irar	b	Membership dues .	🗖	1b		and the second	Side and	CARLES COLUMN	
ŰĚ	с	Fundraising events .	🗍	1c		No. S. Constant	and a second second	与上午上午10月1月	
a tit	d	Related organizations	s [7	1d				AND AN AVEN	
n S.	е	Government grants (con	tributions)	le				· 我们是我们的你的。	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g and similar amounts not inc		1f	306,706				
ΞŌ	g	Noncash contributions includ	led in lines 1a-1f:	:\$	146,214	All and the second		and the faith of the	1
aŭ Ĉ	ĥ	Total. Add lines 1a-1	f		🕨	306,706		Mark Barthan	拉著中國語言的具
e	s				Business Code	S. C. S. S. S. S. S. S.	The second second	网络出一个方面的	S. H. S. Real and
ven	2a	Children Sevices Cloth	ning Distributi	o [624110	16,225			
Bei	b			F					The Thrue Th
Program Service Revenue	c			F					e de la companya de l
	d			F					
	е			- 1	10000				
gra	f	All other program ser							
Å	g	Total. Add lines 2a-2	f	. 7	.	16,225	式和ALLANE (14)	14、此大极兴行将	
о. 	3	Investment income	(including di	ivide	nds, interest,				
		and other similar amo	ounts)	• •	. [568			
	4	Income from investmen	t of tax-exemp	ot bor	nd proceeds 🕨 🛛				· · · · · · · · · · · · · · · · · · ·
	5	Royalties			. .				100 C
			(i) Real	Т	(ii) Personal	· · · · · · · · · · · · · · · · · · ·	NA ENBRISH ST	Contemport Products	in the second second
	6a	Gross rents				a			
	b	Less: rental expenses							
	c	Rental income or (loss)				·····································		AND STREET	A state and a state
	d	Net rental income or	(loss)						
	7a	Gross amount from sales of	(i) Securities		(ii) Other	Construction of the	15 DI LANDA ST	Contraction of the	
	10	assets other than inventory	100 - 2000 - 100 -	-		a sala sala		The state of the	
	b	Less: cost or other basis							
		and sales expenses .		+				and the second second	and the second second
	C	Gain or (loss)	<u>i Gib</u>			CALIFORNIA COMPANY		Manual International Social	
¢	d	Net gain or (loss)		Γ		Jan Carl		The State of States	an an ion and
Other Revenue	8a	Gross income from fu events (not including \$				1.51 4.2		and the second	
er Re		of contributions report See Part IV, line 18						ANS AND	
5		Less: direct expenses		ь				and the second second	
-		Net income or (loss) f			vents . 🕨		and a starting		
	9a	Gross income from ga				ASSAULT ALL		New York	Martin Statist
		See Part IV, line 19 .				Section of the		a start and a start of the	Particular and
		Less: direct expenses				57 . Y (77	and the second second	1999年1999年1999年1999年1	the sub- shall be the
	c	Net income or (loss) f	from gaming	activ	ities 🕨				
	10a	Gross sales of ir				the states in		Dear and the second	Lich Company of the
		returns and allowance	es	a				The Arthur State	
		Less: cost of goods a					Real address of	Carlo and a second	and the second second second
	c	Net income or (loss) f	from sales of	inve	ntory 🕨				
		Miscellaneous F			Business Code		化特殊的 如何有关	相关学者 经总 加速	19. 月的韩国的神经
	11a								
	b			F					
	c -			1					
	d	All other revenue .		F					
	e	Total. Add lines 11a-		. 5	🕨		ALC: CONTRACTOR	影响我们是"你们"	CHICAN STREET
	12	Total revenue. See i				323,499			

	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	olete all columns. A	Il other organizations	s must complete colu	ımn (A).
	Check if Schedule O contains a respons			,	
	t include amounts reported on lines 6b, 7b, , 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	51,950	51,950	· 一、 · · · · · · · · · · · · · · · · · ·	
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				A. S.
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			· · · · ·	
7 8	Other salaries and wages	6,333	6,333		
9	Other employee benefits				
10	Payroll taxes	1,066	1,066		
11 a b c	Fees for services (non-employees): Management Legal Accounting				ng san
d e f	Lobbying				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44	44		
12	Advertising and promotion				- 1975 C
13 14	Office expenses	4,384	3,590	794	
15	Royalties		40.040		
16 17	Occupancy	16,043	16,043		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			00.40	
23		3,964	124	3840	the second second
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Clothes and Household Items	168,936	168,936		
b	Distribution Expenses	3,020	3,020		
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	255,740	251,106	4,634	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

m 990 (2 Part X				Page 11
ur v v	Check if Schedule O contains a response or note to any line in this Par	tX		
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	145,520	1	220,22
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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	a A	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	86,816	8	81,49
. 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or	104121111	almin al	Reverse Minister
	other basis. Complete Part VI of Schedule D 10a	A VINE OF STREET		
b			10c	
11	Investments-publicly traded securities		11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	232,336	16	301,71
17	Accounts payable and accrued expenses	1,928		3,55
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	14-14-16 (A)		
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
00		1,928		3,55
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ►	1,520		3,33
27	Unrestricted net assets	230,408	27	298,16
28	Temporarily restricted net assets	200,100	28	
29	Permanently restricted net assets		29	,
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ► [] and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
32	Total net assets or fund balances		33	
33	Total liabilities and net assets/fund balances	232.336		301.71

Form 990 (2018)

Form 99	00 (2018)			Pa	ge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32	3,499	
2	Total expenses (must equal Part IX, column (A), line 25)	2		25	5,740	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		23	0,408	
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 in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		29	98,167	
Part					_	
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·			
			utroact?	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other	alata ta		御題		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	19.3		ALC: NO	
•	Schedule O.		10	Constant of		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Cardige-	-	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	olled or			1.46	
	reviewed on a separate basis, consolidated basis, or both:				11	
	Separate basis Consolidated basis Both consolidated and separate basis		2b		1	
b	Were the organization's financial statements audited by an independent accountant?		20	ristenis.	2022256664	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	eo on a	9.10	15h		
	separate basis, consolidated basis, or both:		1月20			
	Separate basis Consolidated basis Both consolidated and separate basis	eroiabt	1004554	191.000	A CONTRACTOR	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c			
	If the organization changed either its oversight process or selection process during the tax year, ex		100	10012	14:2222	
	Schedule O.		2012	김성종		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in				
	the Single Audit Act and OMB Circular A-133?		3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			
			Forr	n 990	(2018)	

SCHEDULE A	
SCHEDULE A	

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2018
Open to Public
Inspection
 ion number

47-5071911

Go to www.irs.gov/F	orm990 for	instructions	and the	latest	information

Name of the organization

Employer identification number

Hope in a Suitcase

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
 - 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
 - A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
 - A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
 - An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6
 - An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8
 - An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 33'/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'/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.) 10
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving a 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 h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C 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) d 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 II, Type III, Type III ė functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Provide the following information about the supported organization(s). α

(i) Name of supported organization	on (II) EIN (III) Type of organizatio (described on lines 1-1 above (see instructions		listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
ii.			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
	The second second	O HERRY CONTRACTOR	もないの時間	S. S. S. S.		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		18,160	192,373	331,833	306,706	865,297
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	.0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		O	o	0	o	0
4	Total. Add lines 1 through 3		18,160	192,373	331,833	306,706	849,072
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	10101 5 0			ten filter det		283,285
6	Public support. Subtract line 5 from line 4	search the search	的复数形式	ASIA SUSTAN	Re- Barris Barris	A state of the	584,502
	on B. Total Support					() 0010	(0.7.1.1
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		18,160	192,373	331,833	306,706	849,072
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on		o	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			0	0	568	268
11	Total support. Add lines 7 through 10	行行会会来的公共	國際管理管理	的问题的是此言	「アス」「急なたいな	3.44月11月4日	849,340
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	16,225
13	First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support	ere	<u></u>				
<u>3ecu</u> 14	Public support percentage for 2018 (line			1 column (ft)		14	%
15	Public support percentage for 2010 (me Public support percentage from 2017 Sc 331/3% support test—2018. If the organ box and stop here. The organization qua	hedule A, Part ization did not	II, line 14 . check the box	 . on line 13, ar	nd line 14 is 33	15 3 ¹ /3% or more,	% check this
	331/3% support test - 2017. If the organ this box and stop here. The organization	ization did not qualifies as a	check a box o publicly suppo	n line 13 or 16 rted organizati	a, and line 15 on	is 331/3% or m	ore, check
	17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets the meets the "fac	ne "facts-and-o sts-and-circums	stances" test.	* test, check The organizati 	this box and s on qualifies as	a publicly
18	Private foundation. If the organization d						
					Sci	1890 1118 A (FOM) 990	I OF YOU-CZI ZUIN

Part III

Schedule A (Form 990 or 990-EZ) 2018

	(Complete only if you checked th If the organization fails to qualify						ider Part II.
Secti	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
			ļ				
-	Add lines 7a and 7b	And Designation (1/1)	Personal and a series	CONTRACT ON STREET	Referent Constant of Constant	AND TREAST POLICY STREET,	
8	Public support. (Subtract line 7c from line 6.)				The second second		
Secti	on B. Total Support	Press and a second s	AND A SHIELD AND AND	The print and company	No. of Contrast, State of Contrast,	CONTRACTOR AND ADDREED	
-	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 9	Amounts from line 6		(-)	(-)			
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				8		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						5
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		1				
14	First five years. If the Form 990 is for the	e organizatio	l n's first_secon	l d third fourth) or fifth tax v	ear as a section	n 501(c)(3)
1.46	organization, check this box and stop he				· · · · · ·		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line a			13, column (f))		15	%
16	Public support percentage from 2017 Sch						%
	on D. Computation of Investment In			01			
17	Investment income percentage for 2018 (line 10c, colur	nn (f), divided l	by line 13, colu	(f))	17	%
18	Investment income percentage from 2017	7 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2018. If the organ	ization did not	t check the box	x on line 14, a	nd line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗌
b	331/3% support tests-2017. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 1	5 is more than	331/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, o <u>r 19b,</u>	check this box	and see instru	ictions 🕨 🗋

Page 4

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Part	IV Supporting Organizations (continued)			
uri	Supporting organizationa communication	200.575	Yes	No
b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11a 11b 11c		
	on B. Type I Supporting Organizations	1	10.00	-
	on bit type toupporting erganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			ないたいになった
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		200	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).	1		
Secti	on D. All Type III Supporting Organizations	- 23		
1000		1	Yes	N
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		The second
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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	No. of Street		
	supponed organizations played in this regard.	3		

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

3b

Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Sec	tions A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		10339.C
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		1
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Law T		
instructions for short tax year or assets held for part of year):	S. AND	の目的に見たない。	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		é
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		· · · · · · · · · · · · · · · · · · ·
7 Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	and the second	没认为	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		de
2 Enter 85% of line 1.	2		12
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	S. S. States	······
4 Enter greater of line 2 or line 3.	4	All and the state of	(a)
5 Income tax imposed in prior year	5	A State of the second	2
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		- 42.5
2	Amounts paid to perform activity that directly furthers exe		rted	24
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			(3)A
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		0.023	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	A Million Andrewsky		
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	The second succession	A DECEMBER OF A DECEMBER OF	至今, 法投付, 公司公司
a	From 2013	ALT DESCRIPTION		1-1月20日,中国王 中国
b	From 2014	Carrier Andrews	No. Ville State State 1978	
C	From 2015			
d		State of the state		52-2 A 5 A
e	From 2017		Contraction of the second second	的法定的推动于在
Ť	Total of lines 3a through e			
g	Applied to underdistributions of prior years	NORTH AND STREET		11. H. S. 1999
h				
i	Carryover from 2013 not applied (see instructions)		BARREN LANGE AND	and the state state of
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			A Charles and the second
4	Distributions for 2018 from	2011年4月1日日本市会社会		
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount	e Contra State of Charles	A State of the state	E
c	Remainder. Subtract lines 4a and 4b from 4.		6 26 Bridge (M. S.	Carl States
5	Remaining underdistributions for years prior to 2018, if	And the design of the second second second		APART CARE
J	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain ir Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:	A SALATINATION OF A SALATIN		APPENDER 1898-14
а	E			建制的 化二氯化合
b		的问题就是法国人的问题。	なったがないですの	
C	R (0010	Contraction of the second	1000000000000000000000000000	
d	Excess from 2017	这次集成中国中国	THE STORE STORE	The second second
е	Excess from 2018	No. where the second second second	A CONTRACTOR OF A	(四方是一)、学学者皇室(1998)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	영 및 등 1993년 및 2017년 1월 1987년 1월 1983년 1월 2017년 1월 17일 5월 18일

SCHEDULE I (Form 990)		9 3	Grants and tovernments mplete if the organ	Other Assist , and Individ ization answered "	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.	anizations, Inited States Part IV, line 21 or 2	a Si	OMB No. 1545-0047 2011 0 1 8
Department of the Treasury Internal Revenue Service			► Go to w	Attach to Form 990. ww.irs.gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ormation.		Inspection
Name of the organization				\$			Employe	Employer identification number
Hope in a Suitcase								47-5071911
Part I General	Information	General Information on Grants and Assistance	Assistance					
1 Does the orgar the selection cr	nization maintai	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	tantiate the amou r assistance?	nt of the grants or	assistance, the g	rantees' eligibility	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?	e, and □Yes □No
2 Describe in Par	rt IV the organiz	zation's procedure	s for monitoring t	he use of grant fu	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	States.		
Part II Grants a Part IV, Ii	and Other As: ine 21, for any	sistance to Dor	nestic Organiza	ations and Dom an \$5,000. Part	estic Governme I can be duplica	ents. Complete ted if additional	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answ Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	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	of organization	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	 Method of valuation (book, FMV, appraisal, other) 	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Make Good, Inc. 5429 W. Washington Blvd. LA. CA	vd. LA. CA	20-4525072	501(c)(3)	0	51,950 FMV	FMV	Clothing	Operational Assistance
(2)					24	21 - I		
(3)								
(4)								
(5)								
(9)								
(1)								
(8)		Ξ						
(6)								
(10)							32	
(11)								
(12)								
2 Enter total nun 3 Enter total nun	nber of section nber of other or	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment organizat	tions listed in the l	ine 1 table		· · ·	- 0
a l	ion Act Notice, s	see the Instructions	s for Form 990.		Ű	Cat. No. 50055P		Schedule I (Form 990) (2018)

Schedule I (F	Schedule I (Form 990) (2018) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua space is needed	als. Complete if the I.	organization answ	ered "Yes" on Form 990,	Page 2 Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
8						
ę						
4						
S						`o
9						
2						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	equired in Part I, lin	ie 2; Part III, columr	ı (b); and any other additi	onal information.

						Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service
Name of the organization

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

► Attach to Form 990.

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

Inspection Employer identification number

47-5071911

	n a Suitcase					47-50719	11		<u> </u>
Part	Types of Property			2006			_	200	_
	en e	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part	orted on	Method of noncash con			
1	Art-Works of art								
2	Art-Historical treasures								-
3	Art-Fractional interests			·····				_	
4	Books and publications							_	-
5	Clothing and household		A DESCRIPTION OF THE REAL PROPERTY OF		12				
Ũ	goods	1			132,492	FMV			
6	Cars and other vehicles					·			
7	Boats and planes					·			
8	Intellectual property					-			
9	Securities-Publicly traded								
10	Securities-Closely held stock .		-			J			_
11	Securities—Partnership, LLC,				2006				
	or trust interests							- 19	
12	Securities-Miscellaneous								
13	Qualified conservation			· · · · · · · · · · · · · · · · · · ·			2011	1	
	contribution-Historic								
	structures					×			
14	Qualified conservation contribution—Other								- 13
15	Real estate - Residential	<u> </u>							
16	Real estate - Commercial								
17	Real estate-Other								
18	Collectibles								
19	Food inventory								a
20	Drugs and medical supplies								- 8-
21	Taxidermy	<u> </u>	·				-		
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts				,				
25	Other ► (Facilities)	\checkmark			13,722	FMV			
26	Other ► ()	<u> </u>			10,722				
27	Other ► ()	<u> </u>							
28	Other ► (
29	Number of Forms 8283 received	hv the or	nanization during the tax s	ear for contribu	itions for				
23	which the organization completed					29	0		
	which the organization completed			-30				Yes	No
00-	During the year, did the organiza	tian read	bu contribution and means	atu ronortod in	Dart L liner	1 through	S. CAL	194212	Na 50
30a	28, that it must hold for at least t	tion receive	from the date of the initial	contribution an	d which ier	o't required	100	120	
	to be used for exempt purposes						30a	Statistics of the	1
Ь	If "Yes," describe the arrangement						15-318	ERGEN.	10111
b			stance policy that requir	oo tho roviour	of any n	opstandard	行きて	ANG.	
31	Does the organization have a contributions?				UT any n	unstantiatio	31	1	and the second
						ll noncoch			-
32a	Does the organization hire or us					IN NORCASH	32a		1
	contributions?	• • • •					JEa	150236	Case -
	If "Yes," describe in Part II.			mantes fair subtration	oolume (c)	a abachad		T	
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which	column (a)	is checked,		民族	電影

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

Schedule M (F	form 990) 2018 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
	-

•••••	
101400000000000	
•	
•••••	

SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question		2018
	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization		Employer identific	
Hope in a Suitcase		47-	5071911
Part V, Item 1 - Hope in a S	uitcase uses an outside payroll company to process payroll. The employee	s are treated as a	n employee of the
payroll company.			
Part Vi, Section B Item 11 b	o - The Form 990 is prepared bu the CFO. The Board reviews the form and r	eceives a cp[y of	the final version
before it is filed.			
Part VI Section B Item 12 c	- Directors are required to disclose conflicts of interest when they occur.	irectors annually	complete an
independence questionnai	re. In addition, the Treasurer and CFO reviews the books and records for a	ny conflicts of int	erest. The full
Board is notified when the	re is a conflict.		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51055K