# RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

**OF** 

## FURNISH FOR GOOD, INC.

FOR THE YEAR ENDED

MAY 31, 2023

D. Mac Willet, C.P.A., P.C. PO Box 12414 Charlotte, North Carolina 28220 704.529.0099 fax 529.0256 dmaccpa@outlook.com D. Mac Willet, CPA, PC PO Box 12414 Charlotte, NC 28220 704.529.0099 fax 529.0256 dmaccpa@outlook.com

Furnish For Good, Inc. 3420A St Vardell Lane Charlotte, NC 28217

To the Officers of Furnish For Good, Inc:

I have enclosed one copy of your May 31, 2023 federal income tax return, complete with the appropriate filing instructions. You have elected to file your return electronically.

Please be advised that this return was prepared from information submitted by you, and that you have the primary responsibility for it, including the final responsibility for whatever positions taken. I have a good faith belief that any and all positions taken on this return have a realistic possibility of being sustained administratively or judicially on their merits if challenged.

Please review this return closely to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax return, please contact me. I appreciate this opportunity to serve you.

Very truly yours,

D. Mac Willet, CPA

August 10, 2023

DMW/jw

### D. Mac Willet, CPA, PC PO Box 12414 Charlotte, NC 28220 704.529.0099

**TO:** Furnish For Good, Inc.

**DATE:** August 10, 2023

### **INSTRUCTIONS FOR FILING 2022 FEDERAL FORM 990**

- Your return shows a *refund* of \$0
- An officer of the organization must sign Form 8879-TE for our Preparer records.
- You have elected to file your Federal return Electronically.
- DO <u>NOT</u> MAIL A PAPER COPY OF YOUR RETURN TO THE IRS!

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

<u>A</u>	For the	2022 calend	ar year, or tax year beginn	ing	06-	-01 , <b>2022</b> , a	and endi	ng	05	-31 ,2023		
	Check if a	applicable:	C Name of organization Fu:	rnish For Good	Inc				D Emplo	yer identification nur	nber	
	Address	change	Doing business as							84-2758965		
	Name cha	ange	Number and street (or P.O. box	if mail is not delivered to stree	et address)		Room/sui	te	E Teleph	none number		
	Initial retu	urn	3420A ST VARDE	LL LANE						(704) 445-6	838	
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign po	stal code				G Gross	receipts		
	Amended	i return	Charlotte, NC	28217					\$ 823,732			
	Application	on pending	F Name and address of principal					H(a) Is this a g	a group return for subordinates? Yes X No			
_								H(b) Are all s			s 🗍 No	
ı	Tax-exem	npt status:	501(c)(3) 501(c) (	) (insert no.)	947(a)(1) or	527		1 ' '		t. See instructions		
	Website:		nishforgood.org					H(c) Group e				
				ociation Other		L Year of format	ion: 201			al domicile: NC		
	rt I	Summar				1						
	1	Briefly descr	ibe the organization's missio	n or most significant ac	tivities: To	connect i	furnit	ure and	house	ehold goods	to	
4		-	als and families	_								
Activities & Governance												
rna		circumstances through the effective re-use of quality furniture and household donations.										
<u>×</u>	2	Check this b	ox if the organization dis	scontinued its operation	ns or disposed of	more than 25°	% of its ne	et assets.				
Ö	3		oting members of the govern						3		10	
<b>مخ</b> در	4		dependent voting members						4		10	
tie	5		r of individuals employed in a						5	Va.	0	
ξį	6		r of volunteers (estimate if n						6		42	
Ac	7a		ed business revenue from P						7a		0	
	b		d business taxable income fi						7b		0	
	_ B	Net unrelate	u busiliess taxable ilicollie il	01111 01111 990-1, Fait 1,	,		<del></del>		1,0	Current Von		
O)	8	Contributions	e and grante (Part VIII line 1	h)				Prior Year	700	Current Yea		
			s and grants (Part VIII, line 1						790		1,309	
nu.	10	•	vice revenue (Part VIII, line :	•				24	,916		9,193	
Revenue	10		ncome (Part VIII, column (A)					Samuel Control of the	43	A the second	3,230	
œ	1		ue (Part VIII, column (A), line				-	400				
	12		e - add lines 8 through 11 (m					423	,749	82	23,732	
	13		similar amounts paid (Part IX					<del></del>			0	
	14										0	
es	15									10	4,339	
Expenses	16a		fundraising fees (Part IX, co				4.55		WE-2751,8129-137		0	
xbe	_b		sing expenses (Part IX, colu	· · · · · · · · · · · · · · · · · · ·		0	-					
Ш			ses (Part IX, column (A), line						3,918		12,748	
	18		es. Add lines 13-17 (must e		A), line 25) •		·	303	3,918	57	77,087	
	19	Revenue les	s expenses. Subtract line 1	8 from line 12		• • • • • • •		119	,831	24	16,645	
ō	2						Begi	inning of Curre		End of Year		
set	20		(Part X, line 16)				·	463	3,652	71	2,923	
Net Assets or	21		es (Part X, line 26)				·				2,626	
			r fund balances. Subtract lir	ne 21 from line 20			<u> </u>	463	3,652	71	<u>10,297</u>	
1	irt II		ire Block					1. 1 1 5 . 9 .				
			clare that I have examined this return claration of preparer (other than offic				or my know	neage and belle	er, it is			
Sig	ın		cilla Chapman							.1-		
		Signature of offi							Da	ite		
He	re		cilla Chapman, Ex	ecutive Direct	or							
		Type or print na				T				T		
_		Print/Type pre	eparer's name	Preparer's signature	had	Date		Check	<b>X</b> if	PTIN		
Pai			Villet CPA	D Mac Willet C	PA MM	08-29-2	023	self-em	ployed	P0125063:	L	
	pare		D Mac Wi	llet CPA PC			1	Firm's EIN				
Us	e Onl	<b>y</b> Firm's addres	s PO Box 1	2414			1	Phone no.				
			Charlott	e NC 28220					704-	529-0099		
May	the IRS	S discuss this	return with the preparer sho	wn above? See instruc	tions					· · · X Yes	☐ No	

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 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 X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D. Part IV x 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 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 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 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 Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X\_ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes." complete Schedule F. Parts II and IV X 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII. lines 1c and 8a? If "Yes." complete Schedule G. Part II 18 х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20b **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

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

. . . . . . . . . . . . . . .

21

84-2758965	Page 4

	990 (2022) Furnish For Good Inc	84-27589	65	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		Г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • • •	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • • • • •	23		_ <u>x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ	
	\$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	ŀ	24a		_ <u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		04-		
	to defease any tax-exempt bonds?		24c 24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		25-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		_ <u>x</u> _
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				ı
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		051-		
00	If "Yes," complete Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		00		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				l
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ĺ			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		27		
20	persons? If "Yes," complete Schedule L, Part III		21		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
_	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			MEGI	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		28a		
_	"Yes," complete Schedule L, Part IV		28b		X
a	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		200		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		28c		
20	"Yes," complete Schedule L, Part IV		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		30		
24	conservation contributions? If "Yes," complete Schedule M				X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		32		77
22	complete Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		22		37
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		33		Х
34			34		
25-	or IV, and Part V, line 1		35a		X
35a			JJa		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		330		X
30			36		
37	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization		30		X
31			37		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		31		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O		38	7.7	
<b>D</b> -			<u> </u>	X	
Pai					П
	Theorem Continues a response of note to any line in this Fact V		• • •	Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			162	140
1a h		11 0			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	reportable gaming (gambling) winnings to prize winners?		1c	X	1000000
	reportable gamming (gamming) winnings to prize winners:	<del></del>	1 10	_ <u>^</u>	<u></u>

Form 990 (2022) Furnish For Good Inc

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- 2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b	ļ	ļ
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		X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		<u> </u>
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	- 6b		4
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?		_	X
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	F 100 100 100 100 100 100 100 100 100 10	X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			Person
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<del> </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<del> </del>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year?	. 0		
a	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?		<u> </u>	<del> </del>
10	Section 501(c)(7) organizations. Enter:	- 00		
а	Initiation fees and capital contributions included on Part VIII, line 12			0.00
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	en egeneene	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		William.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	PO PERSONAL	X
	If "Yes," complete Form 4720, Schedule O.	100	dr. S	
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		9 50,775.74
	If "Yes," complete Form 6069.			411.55

Page 6 Form 990 (2022) Furnish For Good Inc Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b 10 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х 8b Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)

18

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

-arm	റററ	(2022)	
-131111	2200	1/1///	

Furnish For Good Inc

84-2758965

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average					an one		Reportable	Reportable	Estimated amount
Name and dide	hours					both ar (trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	은 등	=	Q	Z.	요 표	ת	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	divid	nstitutional trustee	Office	Key employee	nplo	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ual t	nplo iona		yee	٦				
	below	rusto	employee Key employee Officer Institutional trustee Individual trustee or director		mpe					
	dotted line)	Э	stee			Highest compensated employee				
						8				
(1) Robin Bellefuil										
Board Member		X						0	0	0
(2) Taylor Adams								4		
Board Member		х						0	0	0
(3) Sharon Davis										
Board Member		Х						0	0	0
(4) Ashley Pharr-Godbee										
Board Member		Х						0	0	0
(5) David Harker										
Board Member		Х						0	0	0
(6) Kelly Burkholder	10.00									
Volunteer Coordinator		_X_						0	0	0
(7) Maggie Morton										
Executive Director - Incoming		Х		X				0	0	0
(8) Genie Scheurer	10.00									
Corporate Volunteer Coordinator		Х		x				0	0	0
(9) Mary Beth Hollett	25.00									
Chairman of the Board				х				0	0	0
(10)Kitty_Bray										
Boardmember				X	_			0	0	0
(11)Priscilla Chapman	40.00									
Executive Director - Outgoing				Х				0	0	0
<u>(12)</u>										
<u>(13)</u>										
(14)					-					

Page 8

Part	VII   Section A. Officers, Directors, T	rustees, k	Key E	mp	oloy	ee:	s, an	d F	lighest Compe	ensated	Emplo	oyees (continued)
					(	(C)						
	(A) Name and title	(B) Average hours per week	box, offic	unles er and	eck m ss per	son is	nan one s both ar /trustee)		(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/		(F) Estimated amount of other compensation from the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NE(	iC/	organization and related organizations
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)												
(24)												
(25)_												
1b c	Subtotal							:				
d	Total (add lines 1b and 1c)								0		0	0
2	Total number of individuals (including but not limite	d to those lis	ted abo	ove)	who	rec	eived r	nore	e than \$100,000 of			
R. Harter	reportable compensation from the organization											0
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>			ee, c					ated			Yes No
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater than	portable com	npensa		and	othe	r com	oens	sation from the			
	individual											4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes," or	•		-			_	niza				5 x
Secti	on B. Independent Contractors	ompiete scri	eaule J	IOI S	sucri	pers	SOLI					5 X
1	Complete this table for your five highest compensa	ated independ	dent co	ntra	ctors	tha	t recei	ved	more than \$100,00	0 of		201000
	compensation from the organization. Report comp										year.	
	(A)								(B)			(C)
	Name and business address	SS						<u> </u>	Description of servi	ces		Compensation
								-				
								-				
2	Total number of independent contractors (including	a but not limit	ed to t	าดรค	lista	ed al	JOVE) i	who				
<u></u>	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization											

Form 990 (2022) 84-2758965 Page 9 Furnish For Good Inc Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (A) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1a b Membership dues . . 1b Contributions, Gifts, Grants and Other Similar Amounts 1c C Fundraising events 211,519 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 549,790 Noncash contributions included in 1g h Total. Add lines 1a-1f 761,309 **Business Code** 2a Sales of Furnishings 442000 59,193 59,193 Program Service Revenue f All other program service revenue . . . . . g Total. Add lines 2a-2f 59,193 Investment income (including dividends, interest, and 3,230 3,230 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6a 6a Gross rents . . . . . . b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 211,519 of contributions reported on line 1c). See Part IV, line 18 8b c Net income or (loss) from fundraising events . . . . . . . . . 9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses . . . . . . . . . . c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 

10b

. . . . . . . . . . . . . . . .

. . . . . . . **Business Code** 

**b** Less: cost of goods sold . . . . . . . c Net income or (loss) from sales of inventory

e Total. Add lines 11a-11d

Total revenue. See instructions

62,423

823,732

Miscellanous

Revenue

11a

### Form 990 (2022) Furnish For Good Inc Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to ar	· · · · · · · · · · · · · · · · · · ·		(C)	(D)
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	(D) Fundraising expenses
ου, <del>σ</del> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		ti vitati		
5	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	Other salaries and wages	96,039	96,039		
8	Pension plan accruals and contributions (include	33/333	50,000		drawa di Cari
	section 401(k) and 403(b) employer contributions)	!			
9	Other employee benefits	Manager Control of the Control of th			****
10	Payroll taxes	8,300	8,300		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,850	10,850		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	116,485	116,485		
12	Advertising and promotion [	7,998	7,998		
13	Office expenses	9,904	9,904		
14	Information technology				
15	Royalties				
16	Occupancy	103,603	103,603		
17	Travel	371	371		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,633	3,633		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,042	12,042		****
23	Insurance	20,465	20,465		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)			16	
а	Beds & Bedding Purchased	61,647	61,647		
b	Furniture Purchased	7,833	7,833		
C	Delivery	10,463	10,463		
d	Consulting Expenses	32,495	32,495		
е	All other expenses	74,959	74,959		
25 26	Total functional expenses. Add lines 1 through 24e	577,087	577,087	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

84-2758965 Page 11

### 

		Check if Schedule O contains a response or note to any line in this Part X	(A)	• • • •	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	432,780	1	552,500
	2	Savings and temporary cash investments		2	100,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	JOHNSON, COMMISSION - DAN STRANGE CONSISTENCE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	9,072	9	11,548
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 46,730			
	b	Less: accumulated depreciation	6,377	10c	42,625
	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	
	14	Intangible assets	15,423	15	6,250
	15 16	Other assets. See Part IV, line 11	4.C2. CEO.	16	710 002
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	463,652	17	712,923
	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	A STATE OF THE STA	21	
s	22	Loans and other payables to any current or former officer, director,		-	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	A STATE OF THE PARTY OF THE PAR
	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	2,626
	26	Total liabilities. Add lines 17 through 25	0	26	2,626
	,	Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.	-2.5% -2.5%		
an	27	Net assets without donor restrictions	386,705	27	569,997
Ba	28	Net assets with donor restrictions	76,947	28	140,300
nd		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	463,652	32	710,297
-	33	Total liabilities and net assets/fund balances	463,652	33	712,923

	990 (2022) Furnish For Good Inc	84-275	58965	F	Page <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		823	,732
2	Total expenses (must equal Part IX, column (A), line 25)	2		577	,087
3	Revenue less expenses. Subtract line 2 from line 1	3		246	,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		463	,652
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		710	,297
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                     </u>
			-	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	)	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:			7	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		İ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	•	*
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	0	

EEA

Form 990 (2022)

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

### **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

		h For Good Inc					84-2758965				
Pa	rt I	Reason for Public Char	ity Status. (Ālī	organizations must	complet	e this pa	art.) See instruction	s.			
he o	orgai	nization is not a private foundation bed	ause it is: (For lines	s 1 through 12, check only	one box.)						
1		A church, convention of churches, or a	association of church	nes described in <b>section</b> 1	170(b)(1)(A	)(i).					
2		A school described in section 170(b)	<b>(1)(A)(ii).</b> (Attach So	chedule E (Form 990).)							
3		A hospital or a cooperative hospital se	ervice organization d	escribed in <b>section 170(b</b>	)(1)(A)(iii).						
4		A medical research organization oper	ated in conjunction v	vith a hospital described in	section 1	70(b)(1)(A)	(iii). Enter the				
		hospital's name, city, and state:									
5		An organization operated for the ben	efit of a college or u	iniversity owned or operat	ted by a go	vernmenta	l unit described in				
		section 170(b)(1)(A)(iv). (Complete	Part II.)								
6		A federal, state, or local government of	r governmental unit	described in section 170	(b)(1)(A)(v)	).					
7		An organization that normally receive	es a substantial part	of its support from a gov	ernmental	unit or from	the general public				
		described in section 170(b)(1)(A)(vi)	. (Complete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research organization	described in <b>sectio</b> r	n 170(b)(1)(A)(ix) operate	d in conjun	ction with a	land-grant college				
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, cit	y, and state	of the college or				
		university:									
10	X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
11	Г	acquired by the organization after Jun  An organization organized and operat			· · · · · · · · · · · · · · · · · · ·	\( <b>4</b> \					
12	=	An organization organized and operation	•	•	•		carry out the numoses o	n <b>f</b>			
12	_		•	· ·							
	one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
•	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
٠	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the										
		supporting organization. You mu		• •	ty or the un	001013 01 11	distocs of the				
k	•	Type II. A supporting organization	•	·	e eunnorter	l organizati	on(s) by having				
	,	control or management of the su	·		• •	_					
		·		•	isons mar	JOHE OF TH	nariage the supported				
		organization(s). You must comp			otion with	and function	ally integrated with				
(	•	its supported organization(s) (see		•							
(	1	Type III non-functionally integr									
`	•	that is not functionally integrated	•	•			=				
		requirement (see instructions). Y		• •		•	t and an attentiveness				
•		Check this box if the organizatio	-	·			Type II Type III				
•	,	functionally integrated, or Type I				a Type I,	Type II, Type III				
		Enter the number of supported organiz	•								
,	_	Provide the following information abou		nization(e)							
				(iii) Type of organization	(i. A la tha a		(a) Amount of monotony	(s.4)	Amount of		
	(1)	lame of supported organization	(ii) EIN	(described on lines 1-10 above (see instructions))	(iv) is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	other	support (see structions)		
					Yes	No					
					1.00						
A)											
В)											
C)											
D)											
E)		THE STATE OF THE S	Systematic popular and the control of the control o								

Schedul	e A (Form 990) 2022 Furnish Fo	r Good Inc				84-2/58965	
Part	6560						
	(Complete only if you checked t						lify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III.)	
	on A. Public Support	_			•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					-	
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						V
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						-
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			18 75 4			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the or	ganization's firs	t, second, third	, fourth, or fifth	tax year as a s	ection 501(c)(3	)
	organization, check this box and stop her	re		. ,			
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line					14	9
15	Public support percentage from 2021 Sc					15	9,
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	acts-and-circun	nstances test. <sup>-</sup>	The organization	on qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 20	<b>21.</b> If the organi	zation did not c	heck a box on	line 13, 16a, 16	6b, or 17a, and l	ine
	15 is 10% or more, and if the organization	n meets the fact	s-and-circumst	ances test, che	eck this box and	stop here. Ex	plain
	in Part VI how the organization meets the	e facts-and-circ	umstances tes	t. The organiza	ation qualifies a	as a publicly su	pported
	organization						[
18	Private foundation. If the organization di	id not check a b	ox on line 13, 1	6a, 16b, 17a, c	or 17b, check th	is box and see	

84-2758965

### m 990) 2022 Furnish For Good Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		205,332	330,662	203,730	549,790	1,289,514
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		4,324	23,322	24,916	59,193	111,755
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		209,656	353,984	228,646	608,983	1,401,269
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						1000
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)		7.2				1,401,269
Secti	on B. Total Support						1,401,209
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 2010	209,656	353,984	228,646	608,983	1,401,269
10a	Gross income from interest, dividends,		209,030	333,904	220,040	000,303	1,401,203
	payments received on securities loans, rents,						
	royalties, and income from similar sources				43	3,230	3,273
b	Unrelated business taxable income (less				43	3,230	3,213
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b				40	2 020	2 072
с 11	Net income from unrelated business				43	3,230	3,273
1 1							
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)			7,500	195,060	211,519	414,079
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	209,656	361,484	423,749	823,732	1,818,621
14	First 5 years. If the Form 990 is for the org	-			=		
Caati	organization, check this box and stop her						X
	on C. Computation of Public Suppo			2 1 (5)		45	0/
15	Public support percentage for 2022 (line		•	7.7		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In			line 40 eeli me	· (£/)	17	0/
17	Investment income percentage for 2022 (I		• • •		* * * *		%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ						
	17 is not more than 33 1/3%, check this bo	-	_	-			zation
b	33 1/3% support tests - 2021. If the organization						<del></del>
00	line 18 is not more than 33 1/3%, check this box a	•	-				· · · · · ·
20	Private foundation. If the organization did	not check a b	ox on line 14, 1	9a, or 19b, che	ck this box and	ı see ınstructioi	ns

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Build the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

3 Varyance 1	Yes	No
1		
2	SHALL SHE	Datistriki
3a		
3b		
JD	4.126.517	Harry I
20		
3с	9709775	Protest Style
4a	6.056560756	and the state
4b		
4c		
5a		
5b		th Lings in
5с		
6		Peneral Autom
7		Dariban
8		
•		
0-		
9a	Branco.	
9a		
9a 9b		
9a 9b		
9a		
9a 9b		
9a 9b		
9a 9b 9c		
9a 9b 9c		

	ule A (Form 990) 2022 Furnish For Good Inc	84-2758965	F	Page 5
Part	IV Supporting Organizations (continued)			
		TO SECURITY OF THE PROPERTY OF	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lin			
	11c below, the governing body of a supported organization?	11a		-
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11			
Cast	provide detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations		Voc	N <sub>a</sub>
4			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership o	12:30:36:0		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's	officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	N. T. C. D. S. L.		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among		E. S	S. San
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. 1		
2	Did the organization operate for the benefit of any supported organization other than the support	100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," expla	12.7 Sec. 1940.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operat	Addition 75.		
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	ion C. Type II Supporting Organizations			T
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the	100020000		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how	DESC VACC		
	or management of the supporting organization was vested in the same persons that controlled or n	nanaged		
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		1	
_		F120-76-76	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	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	77.10.10.10.10.10.10.10.10.10.10.10.10.10.	54.2800XIS-150
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by th			
	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 organiz	zation(s). 2		
3	By reason of the relationship described in line 2, above, did the organization's supported organization	ations have		
	a significant voice in the organization's investment policies and in directing the use of the organi	zation's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organiza	tion's		
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during	the year (see instruc	tions)	١.
а	☐ 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 is			
	those supported organizations and explain how these activities directly furthered their exempt	Electric values		1
	how the organization was responsive to those supported organizations, and how the organization	\$250,000 pt	1	
	that these activities constituted substantially all of its activities.	2a	engani dikari	s ter orient
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			10000
	involvement, one or more of the organization's supported organization(s) would have been engage	ed in? <i>If</i>		
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(	FERENCE 1		1
	have engaged in these activities but for the organization's involvement.	2b	AND BUTTE	1.0043.1247

3a

3b

3

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Part							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year			
		_	(,	(optional)			
1_	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6	Co				
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Secti	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4	18				
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6	0 11 11 11 11 11 11				
7	Check here if the current year is the organization's first as a non-functiona	lly ir	tegrated Type III support	ing organization			
	(see instructions).	-	•				

Schedu Part	Furnish For Good Inc  V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi		2758 d)	3965 Page 7
	on D - Distributions	, - apperming engum			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in <b>Part V</b>	(1)	5	NO. 14114 1
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	White I at the second s
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.	<b>9</b>		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			X 24 1 1 4 1 2 1 4 1 1	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
<del></del> а	Excess from 2018				

b Excess from 2019c Excess from 2020d Excess from 2021e Excess from 2022

### Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Name of the organization

Furnish For Good Inc

Employer identification number
84-2758965

Organization type (check one):							
Filers o	f:	Sec	etion:				
Form 99	0 or 990-EZ	X	501(c)( 3 ) (enter number) organization				
			4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
			527 political organization				
Form 99	0-PF		501(c)(3) exempt private foundation				
			4947(a)(1) nonexempt charitable trust treated as a private foundation				
			501(c)(3) taxable private foundation				
	nly a section 501(c)(7), (8),	-	the <b>General Rule</b> or a <b>Special Rule.</b> 0) organization can check boxes for both the General Rule and a Special Rule. See				
General	Rule						
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
	regulations under section 16b, and that received from	s 50 m an	I in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or y one contributor, during the year, total contributions of the greater of (1) \$5,000; or rm 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
			ered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line				

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of o			yer identification number 34–2758965
Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Richard and Barbara Yoder		Person 🛣 Payroll 🗌
	300 Shamrock Road  Charlotte NC 28215	\$25,000	Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Priscilla Chapman		ື Person
	910 Harvard Road  Charlotte NC 28207	\$100,000	Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	Amy Foley  2228 Overhill Road  Charlotte NC 28211	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4_	Gray Construction  500 West 5th Street  Charlotte NC 28202	\$\$	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Gray Construction  10 Quality Street  Lexington KY 40507	\$65,721	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Harker Construction  122 West Bland Street Ste A	\$10,000	Person 🔣 Payroll 🗍 Noncash 🗍

Charlotte NC 28203

(Complete Part II for

noncash contributions.)

Employer identification number

Furnish For Good Inc

84-2758965

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7	Thermo King  9201 Southern Pine Blvd  Charlotte NC 28273	\$10,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Reynolds Foundation  800 S Gay Street 5th Flr  Knoxville TN 37929	\$100,000	Person  Reproll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Accenture  201 S College St Ste 1900  Charlotte NC 28244	\$45,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Lowes 1000 Lowes Blvd Mooresville NC 28117	\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	Myers Park Presbyterian Church  2501 Oxford Place  Charlotte NC 28207	\$10,000	Person      Payroll      Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_12	Mark Hansen  2320 Ramblewood Lane  Charlotte NC 28210	\$10,000	Person   Payroll   Noncash   (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

rurnisn	For Good Inc	1 8	34-2758965
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_	Wells Fargo  301 S Tryon Street  Charlotte NC 28282	\$10,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Kimberly Belk  210 Cherokee Road  Charlotte NC 28207	\$8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	Carol Giardi  1806 Clematis Drive  Charlotte NC 28211	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Shelco LLC  2359 Perimeter Pointe Pkwy  Charlotte NC 28208	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	Urban Building Group  342 Circle Drive  Charlotte NC 28207	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Charlotte Knights  324 S Mint St  Charlotte NC 28202	\$5,000	Person X Payroll Complete Part II for noncash contributions.)

Employer identification number

Furnish For Good Inc

84-2758965

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Kitty Bray  4131 Silver Bell Drive  Charlotte NC 28211	\$5,000 	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20_	Mary Beth Hollett  7414 Baltusrol Ln  Charlotte NC 28210	\$5,000 	Person      Payroll      Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	Sheri Reid  2717 High Ridge Rd  Charlotte NC 28210	\$5,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Furni	sh For Good Inc		84-2758965
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Accor	unts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the done	or or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	<del>_</del>	
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after July 25, 2006, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rel		
	tax year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.		
Par	III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gair	n, provide the
	following amounts required to be reported under FASB ASC 9	<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining Co	ollections of Art, H	istorical T	reasures, d	or Othe	er Similar Ass	ets (cor	itinue	∍d)
3	Using the organization's acquisition, accession,	and other records, check	any of the follo	owing that mal	ce signific	cant use of its			
	collection items (check all that apply):		•	•	-				
а	Public exhibition	C	I  Loan o	r exchange pro	ogram				
b	Scholarly research	e		0 .	Ü				
С	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain how the	ev further the c	organization's	exempt p	urnose in Part			
•	XIII.	dono ana oxpiam now the	y rararor are c	organization o	onompt p	arpood iii i aic			
5	During the year, did the organization solicit or rec	ceive donations of art his	torical treasur	es or other si	milar				
ŭ	assets to be sold to raise funds rather than to be						Yes	П	No
Par	t IV Escrow and Custodial Arrang		organization	3 001100110111					110
	Complete if the organization an		orm 990 P	art IV line	9 or re	norted an amo	ount on	Form	1
	990, Part X, line 21.	10000100 100 0111	51111 000, 1	artiv, mio	0, 0, 10	portou arrami	June On	0111	•
1a	Is the organization an agent, trustee, custodian of	or other intermediary for a	ontributions o	r other accete	not				
ia		· · · · · · · · · · · · · · ·					. Tyes		No
h	If "Yes," explain the arrangement in Part XIII and						. 🗆 163	ш	140
b	ii res, explain the arrangement in Fart Alli and	complete the following to	able.		[	1 Am	ount		
	Beginning balance				. 1c	Am	Junt		
ا C	Beginning balance								
d	Distributions during the year					-			
e	Ending balance								
f	-						. Yes		No
2a	Did the organization include an amount on Form				•				INO
b Da	If "Yes," explain the arrangement in Part XIII. Ch	eck nere ii the explanatio	n nas been pr	ovided on Par	LAIII			<u> </u>	
I AI	Complete if the organization an	sewered "Vec" on F	orm 000 B	Part IV line	10				
				T	T	(D. 7)	T () =		
10		(a) Current year (b)	Prior year	(c) Two years	Dack	(d) Three years back	(e) Four	years t	аск
1a h	Beginning of year balance								
b	· · · · · · · · · · · · · · · · · · ·						-		
С	Net investment earnings, gains, and								
لد	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses		***************************************	-					
g	End of year balance			<del></del>					
2	Provide the estimated percentage of the current	•	g, column (a))	neld as:					
a	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%	1.4000/							
_	The percentages on lines 2a, 2b, and 2c should				·				
3a	Are there endowment funds not in the possession	on of the organization that	t are held and	administered	for the				
	organization by:						[ a m	Yes	No
	(i) Unrelated organizations						. 3a(i)		
_	(ii) Related organizations						. 3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organization	· ·					. 3b		<u> </u>
4	Describe in Part XIII the intended uses of the org		unds.						
Pai	t VI Land, Buildings, and Equipm		OOO F	Oout 1\	11- 0	Form 000	Don't V I	1	^
	Complete if the organization ar								U.
	Description of property	(a) Cost or other basis	1 ' '	or other basis		Accumulated	( <b>d</b> ) Boo	k value	
	······	(investment)		(other)	de	preciation			
1a	Land				100				
b	Buildings								
C	Leasehold improvements			29,428		654		28,	
d	Equipment			17,302		3,451		13,	851
<u>e</u>	Other		(5) "						
Total.	Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X, column	(B), line 10c.)					42,	625

Schedule D (For			84-	-2758965	Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form	n 990, Part IV, li	ne 11b. See Form	ı 990, Part X, I	ine 12.
	(a) Description of security or category (including name of security)	(b) Book value	1 ' '	ethod of valuation: d-of-year market value	
(1) Financial of	lerivatives				
(2) Closely-he	old equity interests				
(3) Other					
(A)					
(B)		######################################			7/
(C)					
(D)					
(E)					
(F)		***************************************			
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	000 5 (1)/1		000 D. (V.)	. 40
	Complete if the organization answered "Yes" on For	m 990, Part IV, I	ine 11c. See Form	1 990, Part X, I	ine 13.
	(a) Description of investment	(b) Book value		ethod of valuation: id-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				2,4	
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)			10	
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, I	ine 11d. See Forn	n 990, Part X, l	line 15.
	(a) Description			(b) Book	value
(1)					
<b>(2)</b>					
(3)					
(4)					M-1
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	Other Liabilities.	000 = 155			
	Complete if the organization answered "Yes" on For	m 990, Part IV, I	ine 11e or 11f. Se	e ⊦orm 990, P	art X,
	line 25.				

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2Payroll Tax	2,626	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,626	

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

Part	20,000 (CO)	•	Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	]
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		<b>2e</b>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part			
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 1b and 2b; Part V, line 4; Par	t X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		
•			
		197,500	
		A AMERICA STATE OF THE STATE OF	

### SCHEDULE G (Form 990)

#### **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.

OMB No. 1545-0047

2022

Open to Public

Inspection

Internal Revenue Service

Department of the Treasury

Employer identification number

T	ich Eco Cood Too					04_275	9065
Part	ish For Good Inc  Fundraising Activities.	Complete if th	e organiza	ation answ	ered "Yes" on F	94-275 0rm 990 Part IV	line 17
ı aı	Form 990-EZ filers are not				CICC ICS OILI	omi ooo, i aitiv,	
	Indicate whether the organization raise		<u> </u>		Chook all that anni		
1	_	ed lunds through a					
a	Mail solicitations				of non-government g		
b	Internet and email solicitations		f L	=	of government grants	S	
С	Phone solicitations		g ∟	Special fund	draising events		
d	☐ In-person solicitations						
2a	Did the organization have a written or	oral agreement wi	th any individu	ual (including	officers, directors, tru	ustees,	
	or key employees listed in Form 990,	Part VII) or entity ir	n connection v	vith professio	nal fundraising servi	ces?	🗌 Yes 🔲 No
b	If "Yes," list the 10 highest paid individ	uals or entities (fur	ndraisers) pur	suant to agre	ements under which	the fundraiser is to be	
	compensated at least \$5,000 by the or	•	, ,	· ·	,		
	,	<b>J</b>					
			(III) Did 6	d1		(v) Amount paid to	(vi) Amount moid to
	(i) Name and address of individual	(II) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in	organization
						col. (i)	
			Yes	No			
1							
	A CONTRACTOR OF THE CONTRACTOR						
2							
3							
4							
5							
6							
7							
8							
9			-	-			
,							
10			_				
10							
		L			-		
Tat-!							
3	List all states in which the organization	n is registered or li	censed to sol	icit contributio	ons or has been notif	led it is exempt from	
	registration or licensing.						
							30000
	and the second s						
							w
		- HPA-HIP-AND-AND-AND-AND-AND-AND-AND-AND-AND-AND					
	A10 1 (100 11 11 11 11 11 11 11 11 11 11 11 11						
						- 4834/-8	
						M2004	

Part II

84-2758965

		gross receipts greater than	\$5.000.			
			(a) Event #1  Furnished (event type)	(b) Event #2 (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	211,519			211,519
Ľ	2	Less: Contributions Gross income (line 1 minus				
		line 2)	211,519			211,519
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dir	8	Entertainment				
	10	Other direct expenses    Direct expense summary. Add line	s 4 through 9 in column (d)			
	11	Net income summary. Subtract line				211,519
Pa	irt III	Gaming. Complete if the org		s" on Form 990, Part IV,	line 19, or reported mor	
_	· ·	\$15,000 on Form 990-EZ, li	ne 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
ct Expenses	- 3	Noncash prizes		<b>4</b>		
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	│	│	
	7	Direct expense summary. Add line				
	7		es 2 through 5 in column (d)			
	8 En	Net gaming income summary. Substitute the state(s) in which the organization licensed to conduct	es 2 through 5 in column (d) otract line 7 from line 1, colu ation conducts gaming activ	mn (d)		Yes No
10	8 D En a Is b If —	Direct expense summary. Add line  Net gaming income summary. Substitute the state(s) in which the organization licensed to conduct "No," explain:  Vere any of the organization's gaming	es 2 through 5 in column (d) otract line 7 from line 1, colu ation conducts gaming activities in each or	mn (d)	tax year?	Yes No

### SCHEDULE O (Form 990)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Furnish For Good Inc 84-2758965 01. Form 990 governing body review (Part VI, line 11) The next regularly scheduled meeting of the Board of Directors is scheduled for November 15, 2023 02. Governing documents, etc, available to public (Part VI, line 19) The Board of Directors plans to publish the Annual Report, Letter of Determination, and Form 990 on the entity's website. 03. List of other fees for services expenses (Part IX, line 11g) Appraisal 560 Non-Employee Program Support 115,925 Total 116,485 04. List of other expenses (Part IX, line 24e) 10,758 Event Expenses 29,492 Vehicle Expense Bank and Online Fees 5,456 Repairs and Maintenance 1,396 Taxes and Licenses 807 34 Client Materials 1,962 Warehouse Expenses Gifts 2,213 4,511 Web Hosting 607 Other Business Expense

### 4562 Form

Department of the Treasury

Internal Revenue Service

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022 Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return Furnish For Good Inc FORM 990 - 1 84-2758965 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-, If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 ............ Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instructions 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . | 13 | Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 1,523 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2022 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use placed in period service only-see instructions) 19a 3-year property **b** 5-year property 7-year property 9,689 ΗY SL 692 d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property Nonresidential real MM S/L 39 vrs. Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. S/L c 30-year 30 yrs. MM d 40-vear 40 vrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 2,215 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ........ 23

84-2758965

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (a) (b) (d) (f) (a) Business/ Basis for depreciation Date placed Recovery Depreciation Elected section 179 Type of property (list Cost or other basis Method/ nvestment use (business/investment deduction period Convention vehicles first) in service cost percentage use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . 25 Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: S/L-S/L-% S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (f) (a) (b) (c) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) · · · 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) Total miles driven during the year. Add lines 30 through 32 . . . . . . . . . . 34 Was the vehicle available for personal Yes Yes No Yes No Yes No Yes No Yes No No use during off-duty hours? . . . . . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . **36** Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) Amortization (b) (c) (d) (f) (a) Date amortization period or Description of costs Amortizable amount Code section Amortization for this year begins percentage 42 Amortization of costs that begins during your 2022 tax year (see instructions): 02-06-2023 29,428 15 654 Leasehold Improvem 43 Amortization of costs that began before your 2022 tax year . . . . . . . . . 43 9,173 44 Total. Add amounts in column (f). See the instructions for where to report 44 9,827

	Federal Supporting Statements	2022 PG01
Name(s) as shown on return		Tax ID Number
Furnish For Good Inc		84-2758965

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Furnish For Good Inc

Address: 3420A ST VARDELL LANE, Charlotte, NC 28217

EIN: 84-2758965

Statement: Taxpayer is making the de minimis safe harbor election

under \$1.263(a)-1(f).

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2022</b> Page 1
Name(s) as shown on return		FEIN
Furnish For	Good Inc	84-2758965

### All Other Expenses

Description	Amount
Event Expenses	\$ 10,758
Vehicle Expense	29,492
Bank and Online Fees	5,456
Repairs and Maintenance	1,396
Taxes and Licenses	807
Client Materials	34
Warehouse Expenses	1,962
Gifts	2,213
Web Hosting	4,511
Other Business Expense	607
Office Relocation	17,723
Total:	\$74,959

* Item for Se See "(	* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right comer.				(This p	Deprec	Depreciation Detail Listing Program Services (This page is not filed with the return. It is for your records only.)	ail Listing .ces is for your reco	rds onl	(y.)	,			<b>2022</b> PAGE 1	
Name(s	Name(s) as shown on return Furnish For Good Inc									E .		Social sec	Social security number/EIN 84-2758965	7	
o S	Description	Date	Cost	Basis Adjustment	Business	Section 179	Bonus	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current	Accumulated Depreciation	AMT
H	Website Development CO%	C02162021	26,920		100.00			26,920	8	AMT-AMT	33.333	3 11,964	8,973		8,973
2		01192021	3,803		100.00			3,803	ro.	SI HY	20	1,141	761		191
	Website Shop Developm 10042021	0042021	009		100.00			009	m	AMT-AMT	33.333	3 133	200	333	200
4	3 Laptops w/Software 04	04012022	3,810		100.00			3,810	D.	SI MO	20	95	762	857	762
	Warehouse Shelving 10	10312022	9,689		100.00			689'6	7	SI HY	7.143		692	692	692
9	Leasehold Improvement 02062023	12062023	29,428		100.00			29,428	15	AMT-AMT	2.222		654	654	654
	Totals		74,250					74,250				13,333	12,042	25,375	12,042
1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		202/-						170	Of At Part				ΩΨ AD.T.	
74	Land Amount Net Depreciable Cost		74,250					, 6	TOTAL	CI 1/9 and CI bonus TOTAL CY Depr including 179/bonus	nus cluding	179/bonus	12,042		