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990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calendar year, or tax year beginning	January 1 , 20	14, and endin	g Dec	ember	31 , 20 14		
Вс	heck if ap	opticable. C Name of organization			D Emp	loyer ide	ntification number		
	Address c	hange Social Good Fund, Inc			46-1323531				
ı	Name cha		livered to street address)	Room/suit	e E Teler	chone nu			
	Initial retu	^m 2138 Dunn Ave				510-621-7223			
Цı	Final retur	Tr/terminated City or town, state or province, country, and ZIP	or foreign postal code	L	E Gro	Group Exemption			
=	Amended	return	or toroign pools			upcken nber ▶	рион		
		n pending Richmond, CA 94801							
		ting Method: <a> Cash Accrual Other (specify)					the organization is not		
	Vebsite	3			•		ch Schedule B		
J T	ax-exen	npt status (check only one) —) ◀ (insert no.) ☐ 4947(a)(1) or 527	(Form 9	90, 990	-EZ, or 990-PF).		
KF	orm of	organization: Corporation Trust	☐ Association ☐ Oth	er					
LA	dd line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If o		or more, or if	total assets				
(Par	rt II, col	umn (B) below) are \$500,000 or more, file Form-990 inste	ad of Form 990 EZ			▶ \$			
P	art l	Revenue, Expenses, and Changes in Ne	Assets or Fund Bala	nces (see	the instru	ctions	for Part I)		
	J	Check if the organization used Schedule Otto					.o a ,		
	T 4	Contributions, gifts, grants, and similar amounts i		011 111 11113 1 2		11			
	1					\longrightarrow	95826		
	2	Program service revenue including government	ses and contracts			2			
	3	Membership dues and assessments . \				3			
	4	Investment income				4			
	5a	Gross amount from sale of assets other than inve	entory	5a	0				
	b	Less: cost or other basis and sales expenses .	<i></i>	5b	0				
	С	Gain or (loss) from sale of assets other than inver		5c	C				
	6	Gaming and fundraising events		· · · · · · · · · · · · · · · · · · ·					
	a	Gross income from gaming (attach Schedule	G if greater than			1 1			
<u>o</u>	"	\$15,000)		6a	^				
Ĕ			_	o of contribu	tiono	1			
Revenue	b	Gross income from fundraising events (not includ							
ď	1	from fundraising events reported on line 1) (atta		I					
	1	sum of such gross income and contributions exc	⊢	6b	0	1			
	C	Less: direct expenses from gaming and fundraising	g	6c	0				
	d	Net income or (loss) from gaming and fundraisi	ng events (add lines 6a	and 6b and	subtract	1 1			
	1	line 6c)				6d	C		
	7a	Gross sales of inventory, less returns and allowar	nces	7a	0				
	Ь	Less: cost of goods sold	. .	7b	0	1			
	C	Gross profit or (loss) from sales of inventory (Sub	No.)		7c	C		
	8					8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar				9	95826		
	10					10	93020		
		Grants and similar amounts paid (list in Schedule	•						
	11	Benefits paid to or for members				11			
968	12	Salaries, other compensation, and employee ben				12			
Expense	13	Professional fees and other payments to indepen				13	3334		
ğ	14	Occupancy, rent, utilities, and maintenance .				14	667		
ũ	15	Printing, publications, postage, and shipping .				15	16343		
	16	Other expenses (describe in Schedule O)				16	503		
	17	Total expenses. Add lines 10 through 16		<i>.</i>	>	17	20847		
_	18	Excess or (deficit) for the year (Subtract line 17 fr		18	74979				
ets	19	Net assets or fund balances at beginning of year		,43/3					
Š	"	end-of-year figure reported on prior year's return	•		_	10			
Ş	000					19			
Net Assets	20	Other changes in net assets or fund balances (ex	-			20			
	21	Net assets or fund balances at end of year. Com		<u> </u>	<u> </u>	21	74979		
For	Paper	work Reduction Act Notice, see the separate instruct	tions.	Cat No. 106421			Form 990-EZ (2014		

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,						
Form:	990-EZ (2014)					Page 2
Pa	t II Balance Sheets (see the instructions	for Part II)			-	
	Check if the organization used Schedule	e O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[0	22	0
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets		[0	25	0
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of colum	n (B) must agree with	n line 21)	0	27	0
Par	III Statement of Program Service Accon	nplishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	e O to respond to ar	ny question in this	Part III 🔲		Expenses
Wha	is the organization's primary exempt purpose?	to cultivate and estal	olish positive influen	ces		uired for section (c)(3) and 501(c)(4)
as n	ribe the organization's program service accompline as a clear and concise rooms benefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	, the number of	othe	nizations; optional for
28	Education and inspire through cinema arts: poviding					
	and a platform to convey stories of relevance to our	greater community				İ
	This project has impacted over 2000 people					
	3	t includes foreign gra			28a	20667
29	Volunteer music performance for educational benef	,	I to offer rarely perfo	rmed works for		1
	the general public enhancing the cultural life of the					-
	This project has impacted approximately 400 people					
	<u> </u>	t includes foreign gra	nts, check here .	· · · • 🕨 📙	29a	627
30	no other operational programs at this time					
	(Grants \$) If this amoun	t includes foreign gra	inte chack hara	▶ □	30a	.
31	Other program services (describe in Schedule O)		into, check here .		-	
91		t includes foreign gra	ints check here		31a	
32	Total program service expenses (add lines 28a				32	
	List of Officers, Directors, Trustees, and Ke					1 2.001
	Check if the organization used Schedul					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe		Estimated amount of other compensation
Mich	ael Pace				\top	

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael Pace				
President	15	0	0	0
Bouapha Toomaly]			
Treasurer	1	0	0	
Meso Tadeo			!	
Board Member	1	0	0	c
		-		

33	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
	detailed description of each activity in Schedule O	33	1.00	
24		100		1
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\dots \dots \dots \dots$	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Out the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		1
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
39 a b 40a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► California			
42a		510-37		4
b	Located at ► 2138 Dunn Ave Richmond, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	948	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	res	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.	▶ □
44-	Did the executation maintain any depay advised funds during the years if 400 to 2000 and the		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

-orm 98	0-EZ (2014)					Pa
46	. Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political complete Schodule C	campaign activities on	behalf of or in opposi	tion	Yes
art		s only				for line
	50 and 51. Check if the organization used So					
	Silver in the organization about of	nicadio o to respone	rto any question in t	IIISTAILVI	• • • •	Yes
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa			n in effect during the		
48	Is the organization a school as described					
49a	Did the organization make any transfers				}	
50	If "Yes," was the related organization a s Complete this table for the organization!	s five highest compen	sated employees (oth	er than officers, direc	. 49b tors, truste	es and
	employees) who each received more tha	n \$100,000 of comper	nsation from the organ		e, enter "N	None."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimati other con	
lone						
				· · · · · · · · · · · · · · · · · · ·		
						
f	Total number of other employees paid ov			<u> </u>		
5 1	Complete this table for the organization \$100,000 of compensation from the organization	i's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors who eacl	n received	more 1
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ce (c) Compensat	ion
none						-
						
		•				
d	Total number of other independent contri	actors each receiving	over \$100,000	<u> </u>	0	
52	Did the organization complete Sched completed Schedule A	=			- 1-20	· En

Sign Signature of officer Here **Michael Pace President** Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check I if self-employed **Paid Preparer** Firm's name 🕨 Firm's EIN ▶ **Use Only** Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions Phone no. ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

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Name	of the organization					Employer identification	number		
	Good Fund, Inc.						23531		
Par					_ _		ns.		
	rganization is not a private founda				•	•			
1	A church, convention of church			ibed in se	ection 17	O(b)(1)(A)(ī).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	☐ A community trust described #	n section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more	than 331/3% of its		
	☐ An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclus	ively for the benefit of, lescribed in section 5	to perfor 09(a)(1) o	m the fur r section	ections of, or to carry 509(a)(2). See sect	i on 509(a)(3). Check		
а	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b									
c	Type III functionally integra its supported organization(s)	ated. A supporti	ng organization opera				y integrated with,		
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organ	ization generally must	satisfy a	distributi	ion requirement and	•		
е	Check this box if the organiz functionally integrated, or Ty	ation received a	wntten determination	from the	IRS that	it is a Type I, Type I	I, Type III		
f	Enter the number of supported	organizations .					[
g	Provide the following information	=	ported organization(s)						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)		
			(see instructions))	Yes	No	-			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part III . Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I
If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					95826	95826
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				i	o	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					o	0
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf					o	0
5	The value of services or facilities					<u>_</u>	-
	furnished by a governmental unit to the						
	organization without charge				ĺ	اه	0
6	Total. Add lines 1 through 5				 	95826	95826
7a	Amounts included on lines 1, 2, and 3		<u> </u>	<u> </u>		93020	33020
	received from disqualified persons .			i		o	0
h	Amounts included on lines 2 and 3					-	
b	received from other than disqualified						
	persons that exceed the greater of \$5,000]				
	or 1% of the amount on line 13 for the year		}			o	0
С	Add lines 7a and 7b					0	0
8	Public support (Subtract line 7c from		<u> </u>				
•	line 6.)		1		1		95826
Secti	on B. Total Support	L	<u> </u>	L	<u> </u>	L	33020
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(,	1 (2, 2211	(0, == 1	(-,	(0, 20	95826
10a	Gross income from interest, dividends,		-				33020
	payments received on securities loans, rents,						
	royalties and income from similar sources .					ŀ	0
b	Unrelated business taxable income (less					 	<u>-</u>
	section 511 taxes) from businesses	İ					
	acquired after June 30, 1975	ļ					
С	Add lines 10a and 10b						0
11	Net income from unrelated business						<u></u>
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on					ŀ	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part VI.)	1			}		o
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		<u></u>
	and 12.)			ļ	1		95826
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax v	ear as a section	
	organization, check this box and stop he	-			-		1 - 1 - 1
Secti	on C. Computation of Public Suppo	rt Percentag	je	·····			
15	Public support percentage for 2014 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sc	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce					
17	Investment income percentage for 2014	line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201:					18	%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organization	on . ▶ 📋
b	331/3% support tests-2013. If the organization						
	line 18 is not more than 331/3%, check this	box and stop i	nere. The organ	ization qualifies	s as a publicly s	upported organi	zation >
	into to is not more than so 7576, effect the			•			