T3930

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2009

Open to Public Inspection

	For the 20	009 calendar year, or tax year beginning $07/01/09$, and ending $06/30/10$)		
В	Check if applic	cable: Please C Name of organization		D Emp	loyer identification number
	Address chan	use IRS tabel or THE GOOD PEOPLE FUND INC.			•
П	Name change	I Delen Bushama An		26	-1887249
\Box	Initial return	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number
H		See Specific 384 WYOMING AVE.		97.	3-761-0580
	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross red	peipts \$ 832,422
	Amended retu				
	Application pe			H(a) Is this	s a group return for
		ERIK LINDAUER		affilia H(b) Are a	all affiliates
		384 WYOMING AVE. MILLBURN NJ 07041		includ	ded? Yes No
-				If "No	o," attach a list. (see instructions)
	Tax-exemp	t status: X 501(c) (3)		11/-> 0	
_				H(c) Grou	p exemption number ► M State of legal domicile: NJ
*******	art I	Summary	ear of formation: 2	008	M State of legal domicile: NO
2000	T	efly describe the organization's mission or most significant activities:			
_		See Schedule O	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
92			• • • • • • • • • • • • • • • • • • • •		
T.		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	
& Governance	2 Che	eck this box ▶ if the organization discontinued its operations or disposed of more than 25% of			
ŏ		mber of voting members of the governing body (Part VI, line 1a)			7
Se	4 Nun	mber of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • • • • • • • • • • • • • •	4	7
Activities		al number of employees (Part V, line 2a)			1
}ct		al number of volunteers (estimate if necessary)			0
•	7a Tota	al gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated business taxable income from Form 990-T, line 34		. 7b	0
		<u></u>	Prior Year		Current Year
9	8 Con	ntributions and grants (Part VIII, line 1h)	780	,202	831,317
Revenue		gram service revenue (Part VIII, line 2g)		025	1 105
æ	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)		.,025	1,105
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	701	227	832,422
	•	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ints and similar amounts paid (Part IX, column (A), lines 1–3)	579	.,227 3,998	649,736
		posite paid to or for members (Part IV, column (A), line 4)		,, 990	049,730
•	1		62	,476	65,600
enses	16a Prof	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10) fessional fundraising fees (Part IX, column (A), line 11e) al fundraising expenses (Part IX, column (D), line 25) ▶ 10,645		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33/333
ě	b Tota	al fundraising expenses (Part IX, column (D), line 25) ▶ 10,645			
Exp		er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27	,284	41,423
		al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,758	756,759
	19 Rev	venue less expenses. Subtract line 18 from line 12	112	,469	75,663
Net Assets or Fund Balances			Beginning of Curr		End of Year
sset	20 Tota	al assets (Part X, line 16)	208	,171	286,916
let A	21 Tota	al liabilities (Part X, line 26)			3,082
77,777,777	Address Constant Cons	assets or fund balances. Subtract line 21 from line 20	208	,171	283,834
<u> </u>	art li	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informa	statements, and to Ition of which prepa	o the best o arer has an	of my knowledge v knowledge.
Sig	ın			1	,
He					
	. •	Signature of officer ERIK LINDAUER CHAIRM	Date		
		Type or print name and title			
			Check if		Preparer's identifying number
Pai	id	Preparer's signature RICHARD M HOFFMAN	self- employe		(see instructions) P00169265
	eparer's	Levine Jacobs & Company J. J. C	Lempoye	EIN	00 2447506
Us	e Only	firm's name (or yours if self-employed), 333 Eisenhower Parkway		Phone	
		address, and ZIP + 4 Livingston, NJ 07039			973-992-9400
May	the IRS d	iscuss this return with the preparer shown above? (see instructions)			X Yes No
For	Privacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

Fom	n 990 (2009) THE GOOD PEOPLE	FUND INC.	26-1887249	Page 2
P	art III Statement of Program Serv	ice Accomplishme	ents	
1.	Briefly describe the organization's mission:			
5	See Schedule O			
				•••••••••••••••••
2	Did the organization undertake any significant p	program services during t	he year which were not listed on	
	the prior Corr. 000 or 000 E70			Yes X No
	If "Yes," describe these new services on Sched			
3	Did the organization cease conducting, or make		ow it conducts, any program	
				Yes X No
	If "Yes," describe these changes on Schedule (
4	Describe the exempt purpose achievements for		s three largest program services by expenses.	
			usts are required to report the amount of grants and	
	allocations to others, the total expenses, and re			
	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-9	
T P P a i	providing both financial programs in the United Sprograms are devoted to assists programs to becondividuals, students, t	formed for and operation tates and in serving other me sustainable eachers and	grants of \$) (Revenue \$ charitable and educational onal support to small grass Israel and other countries ars in need. The Good People and independent, and to donees ways to improve and and how to utilize other people.	purposes, -roots . These e Fund advise maximize the
·	atents.		***************************************	• • • • • • • • • • • • • • • • • • • •
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46	(O-1-)			
40			grants of \$) (Revenue \$	
			······	
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4c	(Code:) (Expenses \$	including	grants of \$) (Revenue \$	
	, (шролоос у		grand or ψ) (Nevertide ψ	······································
	• • • • • • • • • • • • • • • • • • • •		••••••	• • • • • • • • • • • • • • • • • • • •
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	***************************************			·····
			·····	
4d	Other program services. (Describe in Schedule			
	(Expenses \$ 711,650 incli		649,736) (Revenue \$)
4e	Total program service expenses ▶	711,650		*

Part IV Checklist of Required Schedules

						Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				}		1
2	complete Schedule A				1	X	├ ─
3	Is the organization required to complete Schedule B, Schedule of Contributors?				2	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				3	-	X
•	Cahadula C. Dart II				١.	•	-
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	• • • • • •	· · · · · ·		4	 	X
•	notice and reporting requirement and prove tay? If "Ves " complete Schoolele C. Port III				۱.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	• • • • • •			5		-
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				1		
	complete Schodule D. Dort I.				١.		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				6	\vdash	_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				7		_
Ū	complete Schedule D, Part III						x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		• • • • • •		8	\vdash	^
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"					l	ĺ
	complete Schedule D, Part IV				_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		• • • • •		9		
	guasi andowments? If "Ves." complete Schodule D. Port V				40		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				10		
••	VII, VIII, IX, or X as applicable				ا مما		x
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		• • • • •		11	********	
	Schedule D, Part VI.						
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	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.						
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.				12	X	····
12A			V	T			
	If "Yes " completing Schedule D. Parts XI. XII. and XIII is optional	12A	Yes	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		1		13		X
14a	Did the organization maintain an office, employoos, or agente outside of the United States 2				14a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				170		
	husiness, and program service activities outside the United States? If "Voc." complete School Je F. Dort I				14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			• • • •			
	organization or entity located outside the United States? If "Voc." complete School de E. Dest II				15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		• • • • • •		-'-		
	to individuals located outside the United States? If "Ves." complete Schodulo E. Bort III				16	x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			••••		_	
	on Part IX, column (A), lines 6 and 11e2 if "Vee," complete Schodulo G. Bort I			İ	17	- 1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			• • • • •		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			••••			<u></u>
	If "Yes," complete Schedule G, Part III			1	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			::::	20		$\frac{1}{X}$

88. sec	int IV Checklist of Required Schedules (continued)	· I · · · ·		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
3	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	1	1	İ
	employees? If "Yes," complete Schedule J	23		x
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	ı		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	ŀ	x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1212	l	
	to defease any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		-
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			-
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	256		X
		25b		Δ
5	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
,	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	· ·		**
	If "Yes," complete Schedule L, Part III	27	**********	X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
+	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 1		
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
,	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Cahadida D. Dad V. Kan 2	35		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Vee " complete Schools B. Boot V. line ?	36		X
	organization: in res, complete ochequie R, Fait V, line 2	1 20		
			I	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		¥
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 :	1			
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners?	able		1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	***********
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		x
b	If "Von " onto the many of the feating and the second					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	 k				
	and Financial Accounts.	••				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	× * **********	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	 ?			1	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
	Prohibited Tax Shelter Transaction?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a	<u></u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of)r				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					t
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso	nal				
	benefit contract?			7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	L	<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	<u> </u>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
_	required?			7h		200000000000000000000000000000000000000
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
9	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	· · · · · ·		8		********
a	Did the ergopization make any toyoble distributions under continue 40000					
b	Did the organization make a distribution to a donor, donor advisor, or related person?		· · · · · · · · · · · · · · · · · · ·	<u>9a</u>		
10	Section 501(c)(7) organizations. Enter:			9b		
a	Indicates from and an indicate from the land of the la	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		—		
11	Section 501(c)(12) organizations. Enter:	ַ נטטו				
a	Grees income from members or charabeldess	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104			12a		p. 2000 00 00 00 00 00 00 00 00 00 00 00 0
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009) THE GOOD PEOPLE FUND INC. 26-1887249 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? X 8b 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 in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 12c Does the organization have a written whistleblower policy? 13 X 13 Does the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 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 NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ► NAOMI EISENBERGER 384 WYOMING AVE.

20

973-761-0580

NJ 07041

(A) Name and Title	(B) Average	Pos	ition		C) k all t	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	:									
lb Total		1		<u> </u>		L				
2 Total number of individuals (included reportable compensation from the compensation)	luding but not lim	ited			isted	abo	ve) v	who received more than \$10	00,000 in	
Did the organization list any form employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization and related organization. Did any person listed on line 1a services rendered to the organiz Section B. Independent Contracto Complete this table for your five	complete Schedul 1a, is the sum of panizations greate receive or accru- zation? If "Yes," or	le J f repo er tha e con comp	or su ortabl an \$1 mper olete	ich ir e co 150,0 nsatio Sche	ndivi mpe 100? on fr	dual nsati If "Yo om a	on a es," eny u	nd other compensation fron complete Schedule J for su inrelated organization for ch person	n ch	Yes No. 3 X X 4 X 5 X
compensation from the organiza									(B) ion of services	(C)
Name and I	business address							Descript	ion of services	(C) Compensation
							_			
	:									
	*									
2 Total number of independent co more than \$100,000 in compens		_			ited	to the	ose I	isted above) who received		0
AA .	1							·		Form 990 (200

P	art V	III State	ment of Reve	nue								
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
ŧ.	<u>ප</u> 1a	Federated car	npaigns	1a								
<u>a</u>	Ы	Membership d	lues	1b								
85	E c	Fundraising ev	vents	1c								
E E	d d	Related organ	izations	1d								
E.	e	Government grants	(contributions)	1e		275,559						
읦	f	All other contribution										
퉏	5	and similar amounts	s not included above	1f		555,758						
Į.	g	Noncash contributio	ns included in lines 1a-1	f:	\$							
2	s h	Total. Add line	es 1a-1f	<u></u>		<u></u>	831,317					
Program Service Revenue Contributions, gifts, grants	}					Busn. Code						
Yer	2a					L						
Ž	b											
울	C											
Se	d											
ᄪ	e						ļ					
Į,	' f		am service reven			L	ļ					
_	+ 3		es 2a–2f									
	3		ome (including di	vidend	ls, interes	t, and						
		other similar a					1,105			1,105		
	4		vestment of tax-	-	•	oceeds -						
	5	Royalties	,	i		<u> </u>						
			(i) Real		(ii) F	Personal						
	6a	Gross Rents										
	b	Less: rental exps.	<u></u>	 								
	°	d Not worted in course on (1)										
	d 7a	Net rental inco			<u></u>	Others						
		sales of assets	(i) Securities		(11)	Other						
		other than inventory										
	þ	Less: cost or other										
		basis & sales exps. Gain or (loss)										
	d		ss)		L							
	8a		om fundraising even	ſ								
9	l oa											
Ver			eported on line 1c).	٠								
Other Reven		See Part IV, line	•	a								
Ę	Ь		penses									
δ			(loss) from fundra		events	—						
			om gaming activities									
		See Part IV, line										
	Ь		penses									
			(loss) from gamir		vities							
	10a	Gross sales of	inventory, less	ſ								
		returns and alle	owances	. a								
	Ь	Less: cost of g] b[
	С	Net income or	(loss) from sales	of inve	ntory							
	<u> </u>	Misc	ellaneous Revenue			Busn. Code						
	11a											
	b			<i>.</i>								
	C											
	d		ue									
			s 11a-11d					-				
	12	Total Revenue	e. See instruction	S			832,422	0	0	1,105		

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				T
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	83,793	83,793		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	93,232	93,232		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	472,711	472,711		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	57,277	35,241	17,001	5,035
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	į į			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		 		
9	Other employee benefits				
10	Payroll taxes	8,323	5,121	2,470	732
11	Fees for services (non-employees):				
а	Management				
b	•	11 21		44.045	
C	• • • • • • • • • • • • • • • • • • • •	11,315		11,315	
d	• • • • • • • • • • • • • • • • • • • •				****
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			·	
g 12	Other				·
13	Advertising and promotion Office expenses	732	512	147	73
14		732	JIZ	14/	/3
15	Information technology				
16	Royalties				
17	Occupancy Travel	3,692	3,692		
18	Payments of travel or entertainment expenses	3,032	3,032		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,639	1,147	328	164
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	MARKETING-ANNUAL REPORT	9,369	6,163		3,206
b	WEBSITE, DESIGN, HOSTING	6,305	4,413	1,261	631
C	BANK CHARGES	4,577	3,204	915	458
d	POSTAGE AND SHIPPING	1,641	1,149	328	164
e	ALL OTHER	1,565	861	581	123
f	All other expenses	588	411	118	59
25	Total functional expenses. Add lines 1 through 24f	756,759	711,650	34,464	10,645
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
DAA	Mindrasing Soliditation				Form 990 (2009)

			(A)	(B)
			Beginning of year	End of year
1	9		34,126 1	100,577
2	Savings and temporary cash investments		160,140 2	166,539
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, t			
	employees, and highest compensated employees. Comp			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
.	Part II of Schedule L	6		
8 7	Notes and loans receivable, net		7	, , , , , , , , , , , , , , , , , , ,
7 8	Inventories for sale or use	8		
9	Prepaid expenses and deferred charges		13,905 9	19,800
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D	10a		
b	Less: accumulated depreciation		10c	
11	Investments—publicly traded securities	1001	11	
12	Investments—other securities. See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·	
13	Investments—program-related. See Part IV, line 11			
14	Integrible accets	•••••	13	
15	Intangible assets Other assets See Part IV line 11		14	
	Other assets. See Part IV, line 11		208,171 16	206 016
16	Total assets. Add lines 1 through 15 (must equal line 34		T	286,916
17	Accounts payable and accrued expenses		17	3,082
18	Grants payable	18		
19	Deferred revenue	•••••	19	
20	Tax-exempt bond liabilities	<u></u>	20	
21	Escrow or custodial account liability. Complete Part IV of		21	
22	Payables to current and former officers, directors, trustee	· •		
21	employees, highest compensated employees, and disqua			
	persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third	parties	23	
24	Unsecured notes and loans payable to unrelated third pa	rties	24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	3,082
3	Organizations that follow SFAS 117, check here ▶	K and		
27 28	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		184,166 27	181,720
	Temporarily restricted net assets		24,005 28	102,114
29	Permanently restricted net assets	29		
<u> </u>	Organizations that do not follow SFAS 117, check he	re 🕨 🔝		
30 31 32 33 34	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment	fund	31	
32	Retained earnings, endowment, accumulated income, or	other funds	32	
33			208,171 33	283,834
34	Total liabilities and net assets/fund balances		208,171 34	286,916

Form **990** (2009)

Forn	m 990 (2009) THE GOOD PEOPLE FUND INC. 26-1887249		Pa	ge 12
P	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		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 in Schedule O and describe any steps taken to undergo such audits	36		

Form **990** (2009)

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. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE GOOD PEOPLE FUND INC

Employer identification number 26–1887249

	XX	. D	an for Dublic Ob and	04-4 (All					, 				
	art I			Status (All organizations			e this j	oart.) S	ee in	struction	ons.		
The	orgar			e it is: (For lines 1 through 11, cho	-								
1	Щ			ociation of churches described in	section 1	I70(b)(1)((A)(i).						
2	Щ		cribed in section 170(b)(1)(
3	Ц	A hospital or	a cooperative hospital service	ce organization described in sect i	ion 170(b)(1)(A)(iii).						
4		A medical res	search organization operated	l in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii).	Enter ti	ne hospi	tal's name,		
		city, and state	e:										
5		An organizati	on operated for the benefit o	f a college or university owned or	operated	by a gov	emment	al unit de	escribed	l in			
			b)(1)(A)(iv). (Complete Part		·								
6		-		overnmental unit described in sec	tion 170	Ъ)/1)/Д)/	v۱						
7	M			substantial part of its support from			-	m the ne	neral ni	ıblic			
	لا		section 170(b)(1)(A)(vi). (Co		i a govern	inicintal a	01 01	in the ge	neral pe	ibiic			
8	\Box			70(b)(1)(A)(vi). (Complete Part II									
9	_							b:- £					
3) more than 33 1/3 % of its suppo						-			
				pt functions—subject to certain e									
			=	d unrelated business taxable inco	•		11 tax) f	rom bus	nesses				
		-	-), 1975. See section 509(a)(2). (•	•							
10	=	-	•	exclusively to test for public safety									
11				xclusively for the benefit of, to pe				-					
				ed organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes the	ne type of supporting organization	and com	plete line:	s 11e thr	ough 11	h.				
		a 💹 Type	<u> </u>	c Type III–Functiona	, ,		đ	_ ′.	e III-Ot	her			
e	\sqcup	By checking t	his box, I certify that the orga	anization is not controlled directly	or indirec	tly by one	or more	disquali	fied				
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted orgar	izations	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	Гуре III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organizati	on accepted any gift or contributi	on from a	ny of the							ப
Ŭ		following per		. , ,		•							
				ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No
				the supported organization?	poroon	3 00001.00	.u ()				110(1)	103	110
			member of a person describ	***			• • • • • • •		• • • • • •		11g(i)	<u> </u>	 -
		· -	ontrolled entity of a person d	***********	• • • • • • • • • • • • • • • • • • • •						11g(ii)	 	_
L					• • • • • • • • •				• • • • • •		11g(iii	<u> </u>	L
<u>n</u>			ollowing information about th		10		T		T	T			
(1)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		you notify nization in		is the ion in col.	(vii) Am		
	0.9-			above or IRC section	1 ''	document?	col. (i)	of your		zed in the	sup	OIL	
				(see instructions))	<u> </u>		sup	port?	U.	S.?			
					Yes	No	Yes	No	Yes	No			
					1			1					
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											_		
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			l		1	.							

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

Schedule A (Form 990 or 990-EZ) 2009

THE GOOD PEOPLE FUND INC. Schedule A (Form 990 or 990-EZ) 2009 26-1887249 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

THE GOOD PEOPLE FUND INC. Schedule A (Form 990 or 990-EZ) 2009 26-1887249 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 159,402 780,202 831,317 1,770,921 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 159,402 780,202 831,317 1,770,921 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) 1,770,921 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Amounts from line 6 159,402 780,202 831,317 1,770,921 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 114 1,025 1,105 2,244 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 114 1,025 1,105 2,244 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 105 carried on 105 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) 159,516 781,227 832,527 1,773,270 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section D. Computation of investment income Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%							
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%							
Sar	ection D. Computation of Investment Income Percentage									

17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line	
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	

b	33 1/3 % support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and
	line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (F	orm 990 or 990-EZ) 2009	THE GOOD	PEOPLE	FUND INC		26-1887249	Page 4
Part IV	Supplemental Info	ormation. Com	plete this pa	rt to provide t	he explanations re	quired by Part II, line 10;	
	Part II, line 17a or	17b; and Part	III, line 12. F	rovide any ot	<u>her additional infor</u>	mation. See instructions.	<u> </u>
	:						
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			•••••	• • • • • • • • • • • • • • • • • • • •
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE GOOD PEOPLE FUND INC. 26-1887249 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Fo	orm 990) 2009	THE	GOOD	PEOPLE	FUND	INC.	
Part III	Organizatio	ns Ma	intaining	g Collection	ns of Ar	, Historica	al Trea

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

26-	-1	8	8	7	2	4	9	
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CITE	edule D (Form 990) 2009 IRE GOOD .	PEOPLE FOND	THC.		38/249	Page 2
P:	art III Organizations Maintaining	Collections of Ar	t, Historical Trea	sures, or Other	Similar Ass	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):					
а	Public exhibition	d 🗍 Loa	n or exchange progra	ms		
b	声	e Oth				
c		• Ou	· ·			
4	Provide a description of the organization's colle	ctions and explain how	they further the organi	zation's exempt purpo	ose in	
_	Part XIV.					
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	e maintained as part of	the organization's coll	ection?	<u></u> <u></u>	Yes No
Pa	irt IV Escrow and Custodial Arra	ngements . Compl	lete if the organiz	ation answered '	'Yes" to Fori	m 990, Part
	IV, line 9, or reported an am	ount on Form 990	, Part X, line 21.			
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or othe	r assets not		
	included on Form 990, Part X?	·				Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	n tahle			🗀 .65 🗀 .16
_	. Too, oxplain the arrangement in the arrangement	a complete the lonewill	y table.			Amount
_	Descination between				<u> </u>	Amount
С	Beginning balance				1c	
d	Additions during the year			• • • • • • • • • • • • • • • • • • • •	1d	
e	Distributions during the year				1e	
	Ending balance					
2a	Did the organization include an amount on Form	n 990. Part X. line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV.		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		🗀 165 🗀 110
	ert V Endowment Funds. Comple	te if organization	answered "Ves" t	o Form 990 Par	t IV line 10	
	Endowment Funds. Comple				· · · · · · · · · · · · · · · · · · ·	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four years back
	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
Ŭ	•	•				
	and programs					
T	Administrative expenses	} 				·····
g	End of year balance					
2	Provide the estimated percentage of the year en	nd balance held as:				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
	Term endowment ▶ %					
	Are there endowment funds not in the possession	on of the organization th	at are held and admin	istered for the		
	a de a les de de la destación de la composición de possoción	on or the organization to	at are new and admin	istered for the		Yes No
	organization by:					
	organization by:					
	(i) unrelated organizations					3a(i)
	(i) unrelated organizations (ii) related organizations					3a(i) 3a(ii)
	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sch	edule R?			3a(i) 3a(ii)
	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations lis Describe in Part XIV the intended uses of the or	ted as required on Sch	edule R?			3a(i) 3a(ii)
4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sch	edule R?			3a(i) 3a(ii)
4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations lis Describe in Part XIV the intended uses of the or	ted as required on Sch	edule R? at funds. nt. See Form 99 (b) Cost or o	0, Part X, line 10	cumulated	3a(i) 3a(ii)
4 Pa	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations lis Describe in Part XIV the intended uses of the or Investments—Land, Buildir Description of investment	sted as required on Sch ganization's endowmer gs, and Equipme (a) Cost or other basis	edule R? ht funds. nt. See Form 99	0, Part X, line 10		3a(i) 3a(ii) 3b
4 Pa	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations list Describe in Part XIV the intended uses of the organization Investments—Land, Building Description of investment Land	sted as required on Sch ganization's endowmer gs, and Equipme (a) Cost or other basis	edule R? at funds. nt. See Form 99 (b) Cost or o	0, Part X, line 10	cumulated	3a(i) 3a(ii) 3b
4 Pa 1a b	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations lis Describe in Part XIV the intended uses of the or Investments—Land, Buildir Description of investment Land Buildings	sted as required on Sch ganization's endowmer gs, and Equipme (a) Cost or other basis	edule R? at funds. nt. See Form 99 (b) Cost or o	0, Part X, line 10	cumulated	3a(i) 3a(ii) 3b
Pa 1a b	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations list Describe in Part XIV the intended uses of the organization Investments—Land, Building Description of investment Land	sted as required on Sch ganization's endowmer gs, and Equipme (a) Cost or other basis	edule R? at funds. nt. See Form 99 (b) Cost or o	0, Part X, line 10	cumulated	3a(i) 3a(ii) 3b

Schedule D (Form 990) 2009 THE GOOD PEOPLE F		26-1887249	Page
Part VII Investments—Other Securities. See Fo			
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market val	ue
Financial derivatives			
Closely-held equity interests			
Other			
- 			
	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments—Program Related. See Fo	orm 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market value	пе
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line			
(a) Descri	ption	(b) B	ook value
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·		
(a) Description of liability	(b) Amount	4	
ederal income taxes		4	
		4	
		4	
		4	
		4	
		4	
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Sche	dule D (Form 990) 2009 THE GOOD PEOPLE FUND INC		1887249	Page
P	art XI Reconciliation of Change in Net Assets from Form	990 to Audited Financi	al Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	832,42
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	756,75
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	75,66
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	75,663
P	nt XII Reconciliation of Revenue per Audited Financial S	tatements With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements		11	832,422
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	832,422
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		······	032,422
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV.)	45		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•••••	4c 5	832,422
	rt XIII Reconciliation of Expenses per Audited Financial			032,422
1	Total expenses and losses per audited financial statements			756,759
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		130,133
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
c	Other leases	1 4 1		
ď	Other losses Other (Describe in Part XIV.)	· · · · · · · · · 		
	Add lines 2a through 2d			
3	Add lines 2a through 2d Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		756,759
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	730,733
· a	Investment expenses not included on Form 990, Part VIII, line 7b	40		
h	O45 (D1) - 1- D(MB ()	1 1		
~	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	····		756,759
	rt XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·	5	730,733
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	et III. lines de and de Dort N/ line		
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part			
	art to provide any additional information.	Am, lines 20 and 4b. Also comp	iele	
uns p	art to provide any additional information.			
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Schedule D (Fo	rm 990) 200	9 THE	GOOD	PEOPLE	FUND	INC.		26-1887249	Page \$
Part XIV	Supplen	nental Info	rmation	(continued	i)				
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Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE GOOD PEOPLE FUND INC

Employer identification number 26–1887249

Pani	"Yes" to Form 99	tion on Activitie: 0. Part IV. line 14	s Outside the United States. Co 4b.	omplete if the organization and	swered
assistance	makers. Does the orga e, the grantees' eligibility	nization maintain reco	ords to substantiate the amount of the gra istance, and the selection criteria used to	o award	X Yes No
	makers. Describe in Pa		's procedures for monitoring the use of gr		
3 Activities	per Region. (Use Sched	dule F-1 (Form 990) if	additional space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE E	AST				
			GRANTS TO RECIPIENTS		471,923
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「otals ▶					471.923

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26-1887249 THE GOOD PEOPLE FUND INC. Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed.

Page 2

(g) Amount of (h) Description non-cash assistance assistance	appraisa, orrer															
(f) Manner of cash disbursement																
(e) Amount of cash grant	5,500	8,100	14,152	20,973	90,870	6,500	5,500	32,975	000'8	26,908	21,802	54,050	20,000	45,606	13,665	11,115
(d) Purpose of the gion grant grant grant	FOOD, SHELTER&CLOTHIN ST	FOOD, SHELTER&CLOTHIN	HEALTH CARE	HUMAN & ANIMAL WELFA	FOOD, SHELTER&CLOTHIN	ELDER CARE	HEALTH CARE	FOOD, SHELTER&CLOTHIN	FOOD, SHELETER& CLOTH	KIDS AT RISK ST	KIDS AT RISK ST	FOOD, SHELTER&CLOTHIN	KIDS AT RISK ST	HUMAN & ANIMAL WELFA	HUMAN & ANIMAL WELFA	ELDER CARE ST
(c) Region	MIDDLE EAST	MIDDLE EAST	H MIDDLE EAST	MIDDLE EAST		MIDDLE EAST	MIDDLE EAST	MIDDLE EAST	F MIDDLE EAST	NIDDLE EAST	MIDDLE EAST	MIDDLE EAST	MIDDLE EAST	H MIDDLE EAST	H MIDDLE EAST	MIDDLE EAST
(a) Name of organization se							-									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt ~

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities ~

Schedule F (Form 990) 2009 202

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Page 3

26-1887249

THE GOOD PEOPLE FUND INC

Use Schedule F-1 (Form 990) if additional space is needed.	m 990) if addi	tional space is ne	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description of non-cash	(h) Method of
	•	recipients	cash grant	disbursement	assistance	assistance	(book, FMV,
	MIDDLE EAST	ST					appraisar, orner)
FOOD			47,246	CHECK			
1 1	MIDDLE EAST	I.S					
HUMAN NEEDS & SELF SUFFIC			39,749	CHECK			
					<u>:</u>		
					,		
			·				
						Schedule	Schedule F (Form 990) 2009

Part IV Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV - Additional Information
WE MONITOR THE USE OF GRANT FUNDS, BY RECEIVING FINANCIAL REPORTS AND
INFORMATION FROM ORGANIZATIONS ABOUT THE SUCCESS OF EACH PROGRAM AND HOW
OUR GRANTS WERE SPENT INCLUDING THE NUMBER OF PEOPLE WE HELPED.
ANNUALLY, WE VISIT PROGRAMS IN ISRAEL, TO ENSURE THE PROGRAMS ARE
RUNNING EFFECTIVIELY AND THAT OUR MISSION IS BEING CARRIED OUT.
THE ORGANIZATION RECEIVES REPORTS ON THE NUMBER OF PEOPLE HELPED. EITHER BY
RECEIVING INVOICES FROM A THIRD PARTY AND PAYING THAT EXPENSE DIRECTLY FOR
A SPECIFIC PERSON OR FAMILY, OR FROM SOCIAL WORKERS STATING HOW MUCH FOOD
WAS PURCHASED WHICH INCLUDES THE NUMBER OF PEOPLE IN EACH FAMILY OUR GRANT
ASSISTED.
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

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OMB	2

► Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance THE GOOD PEOPLE FUND INC.

Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Open to Public Inspection

Employer identification number 26-1887249

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Yes X

Fart II Grants and Other Form 990, Part IV Part IV and Schec	Grants and Other Assistance to Governments an Form 990, Part IV, line 21, for any recipient that re- Part IV and Schedule I-1 (Form 990) if additional s	overnments and ecipient that rec) if additional sp	d Organizations ceived more tha pace is needed	izations in the Uniore than \$5,000. Deeded	ited States. Comp Check this box if r	olete if the org	anization ans nt received m	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶
1 (a) Name and address of organization or government	organization t	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS CREATION FOUNDATION FOR CHILDR 108 WESTWOOD CT. ATLANTIS FL 33462	ON FOR CHILDR FL 33462	65-1196151	×	5,220		(out)		EDUCATION
AMPLE HARVEST 24 CLOVER RD NEWFOUNDLAND	NJ 07435	27-2433274	×	5,413				FOOD
FAMILY TO FAMILY 6 CIRCLE DRIVE HASTINGS ON HUDSON	NY 10706	57-1169066	×	11,880				FOOD
FEMALE HEBREW BENEVOLENT SOCIETY 2125 DELANCEY PLACE PHILADELPHIA PHILADELPHIA PHILADELPHIA	NT SOCIETY PA 19103	23-6269039	×	6,100				FOOD, SHELTER, CLOTH
:	PA 19143	23-3038412	×	8,500				HEALTH CARE
PROJECT EZRA 465 GRAND ST. 4TH FLOOR NEW YORK	а NY 10002	13-2739211	×	6,180				ELDER CARE
ENDS 187	CA 95154	77-0518937	×	17,000				FOOD, SHELTER, CLOTH
THE REDISTRIBUTION CENTER 12681 WEST 49TH AVE WHEAT RIDGE CO	ER CO 80033	84-1155394	×	18,500				FOOD, SHELTER, CLOTH
2 Enter total number of section 501(c)(3) and government organizations	(c)(3) and government c	organizations						50

3 Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 THE GOOD PEOPLE FUND INC. 26–1887249

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addition	nal space is needed.			
(a) Type of grant or assistance	(p) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SELF SUFFICIENCY		93,232			
		,			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to p	provide the information	n required in Part I,	line 2, and any other addition	onal information.
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds	s for Monitor	ring the Use c	of Grant Fund	Ø.	
WE SUPPORT OTHER ORGANIZATIONS WHO HELP	IONS WHO HELF	POTHER INDIVI	OTHER INDIVIDUALS IN CRISIS. WE	SIS. WE	
RECEIVE INFORMATION AND REPORTS FROM EACH ORGANIZATION ON THE SUCCESS OF	PORTS FROM EA	ACH ORGANIZATI	ION ON THE SU	CCESS OF	
THE PROGRAM AND HOW OUR MONEY WAS SPENT	NEY WAS SPENT	•	INCLUDING THE NUMBER OF PEOPLE WE	PEOPLE WE	
HELPED. FOR INDIVIDUALS, NO CASH IS TRANSMITTED, ONLY BILLS PAID	NO CASH IS TH	RANSMITTED, ON	NLY BILLS PAI	Q	
DIRECTLY ON THEIR BEHALF.					

Schedule I (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Name of the organization

Employer identification number

THE GOOD PEOPLE	FUND	IN	iC.			26	-18	872	49			
Part I Excess Benefit Transactions (se						y).						
Complete if the organization answered "Ye	s on Form	1 990,	Part IV, line 25	a or 256, o	r Form 990-L	Z, Part V, line	≥ 40b.			Τ.,		
1 (a) Name of disqualified person					(b) Descripti	on of transactio	of transaction				Сопес	
										Yes	+	No
					•					╂─	+	
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				*						T	\top	
2 Enter the amount of tax imposed on the organization	managers	or dis	qualified persor	s during th	ne year							
under section 4958					· · · · · · · · · · · · · · · · · · ·		. 🕨 🛭					
3 Enter the amount of tax, if any, on line 2, above, reimb	bursed by t	the or	ganization		· · · · · · · · · · · · · · · · · · ·		. ▶ \$	<u></u>				
Part II Loans to and/or From Interested				•								
Complete if the organization answered "Yes	s" on Form	990,	Part IV, line 26	or Form 9	90-EZ, Part	V, line 38a.						
(a) Name of interested person and purpose	(b) Lo		(c) Origi	nal	(d) Ba	lance due	(e) in	default?	(f) Ap	proved	(g) V	Vritten
	or froi organiz		principal ar	nount			1		1 -	ard or	agree	ment?
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	To	From			 		Yes	No	Yes	No	Yes	No
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otal				> \$	\$							
Part III Grants or Assistance Benefitting	_											
Complete if the organization answered "Yes	on Form	990,	Part IV, line 27.									
(a) Name of interested person			(b) Relatio		en interested p	erson and the	(c) A	Amoun	t and t	ype of	assista	ance
				org	anization		∔					
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Part IV Business Transactions Involving	g Interes	sted	Persons.						•			
Complete if the organization answered "Yes	-			, 28b, or 2	:8c.							
(a) Name of interested person	(b) F	Relatio	nship between	(c) A	mount of	(d) Desc	ription (of trans	action			haring
		ested p	person and the		saction	(-,						org. nues?
			nization					<u>-</u>			Yes	No
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047 2009

Open to Public Inspection

Name of the organization

THE GOOD PEOPLE FUND INC.

Employer identification number 26–1887249

MARRIED
CHAIRMAN TREASURER
ERIK LINDAUER LISA LINDAUER
Form 990, Part VI, Line 2 - Related Party Information Among Officers
dedicated themselves to resolving it.
of an individual or small group who have recognized a problem and have
in need in both the United States and Israel. Common to all is the presence
generally "fly below the radar screen" who are devoted to serving others
to small, low-overhead grass-roots programs and organizations that
world in numerous ways by providing both financial and operational support
Provides charitable and educational assistance to those that better our
Form 990, Part III, Line 4d - All Other Achievements
*
peoples talents.
maximize the use of financial and other resources and how to utilize other
advise individuals, students, teachers and donees ways to improve and
People Fund assists programs to become sustainable and independent, and to
countries. These programs are devoted to serving others in need. The Good
grass-roots programs in the United States and in Israel and other
providing both financial and operational support to small
The Good People Fund was formed for charitable and educational purposes,
Form 990 - Organization's Mission or Most Significant Activities
Form 000 Opposite the Nicolan William Co. 15: 15: 15: 15: 15: 15: 15: 15: 15: 15:

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

Name of the organization

THE GOOD PEOPLE FUND INC.

Employer identification number 26–1887249

A COMPLETED COPY OF THE RETURN IS PROVIDED TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IN TURN DISTRIBUTES IT ELECTRONICALLY TO ALL OF THE BOARD MEMBERS. THE BOARD MEMBERS REVIEW THE RETURN AND RAISE QUESTIONS DURING A TELEPHONE CONFERENCE CALL. THE BOARD THEN APPROVES THE TAX RETURN DURING THIS MEETING. IF APPLICABLE, CHANGES ARE FORWARD TO THE TAX PREPARER WHO THEN INCORPORATES THE CHANGES AND FILES THE RETURN AS APPROVED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

GPF HAS IN PLACE A POLICY PROHIBITING ANY TRANSACTION FINANCIAL OR OTHERWISE

THAT WOULD CREATE A CONFLICT OF INTEREST. THERE IS A PERIODIC REVIEW OF

ALL ARRANGEMENTS. ALL ARANGEMENTS ARE RECORDED AND ENSURED THAT THERE ARE

NO ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE EXECUTIVE DIRECTOR HAS A FORMAL REVIEW ANNUALLY. THIS REVIEW IS
PROVIDED BY THE BOARD OF DIRECTORS AND INCLUDES A SYNOPSIS OF THE JOB
RESPONSIBILITIES AND DUTIES AND HOW THEY WERE CARRIED OUT DURING THE YEAR.
THE EXECUTIVE DIRECTORS COMPENSATION IS REVIEWED AT THIS TIME AS WELL.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE GOVERNING DOCUMENTS ARE AVAIALABLE ON THE GOOD PEOPLE FUND'S WEBSITE
AND WILL BE PROVIDED UPON REQUEST.

(Rev. January

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization **Employer identification number** print THE GOOD PEOPLE FUND INC. File by the 26-1887249 due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your 384 WYOMING AVE. return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILLBURN NJ 07041 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Return Application Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 NAOMI EISENBERGER The books are in the care of Telephone No. ▶ 973-761-0580 FAX No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning 07/01/09 , and ending 06/30/10 If this tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.