ObjectId: 202032729349300928 - Submission: 2020-09-28

TIN: 82-3964819



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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Inspection

A F	or the 2019 c	alendar year, or tax year beginning 01-01-2019 , and endin	ig 12-31-20			
_	ck if applicable:	THE GOOD DEATH FOUNDATION		D Employe	r identif	ication number
	dress change me change			82-3964	819	
_	tial return	Doing business as				
	al return/terminated					
O Am	ended return		Room/suite	E Telephone	number	
O Ap	olication pending	5300 SANTA MONICA BLVD NO 320		(323) 24	0-3537	
		City or town, state or province, country, and ZIP or foreign postal code				
		LOS ANGELES, CA 90029		G Gross red	eipts \$ 3	38,475
		F Name and address of principal officer:	H(a) Is this a group ret	urn for	
		CAITLIN DOUGHTY 1616 SOUTH REDONDO BLVD APT 4		subordinates?		□Yes <a>V No
		LOS ANGELES, CA 90019	H(b) Are all subordinate included?	es :	☐ Yes ☐No
I Tax	e-exempt status:	✓ 501(c)(3)	527	If "No," attach a li	st. (see	instructions)
J W	ebsite: > WW	/W.ORDEROFTHEGOODDEATH.COM	Н(c) Group exemption	•	•
K Forn	n of organization:	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Ye	ear of formation: 2017	M State	of legal domicile: CA
		·				
Pa	rt I Sum	mary				
		scribe the organization's mission or most significant activities: RE NO ONE'S FEAR OF DEATH AND DYING CAUSES THEM TOPAY TO		MAKE MICINEODMED	DECICIO	ONC FOR THEIR
Φ		RE NO ONE'S FEAR OF DEATH AND DYING CAUSES THEM TOPAT TO RAL OR THE FUNERALS OF THOSE THEY LOVE.	O MUCH OR	MAKE MISINFORMED	JECISIC	DINS FOR THEIR
ũ						
Ĕ						
o ve	2 Check thi					
Ğ.		of voting members of the governing body (Part VI, line 1a)			3	4
Activities & Governance		of independent voting members of the governing body (Part VI, line			4	1
tie:		nber of individuals employed in calendar year 2019 (Part V, line 2a)	•		5	1
₹		nber of volunteers (estimate if necessary)			6	15
Ac		elated business revenue from Part VIII, column (C), line 12			7a	0
		lated business taxable income from Form 990-T, line 39			7b	0
	D Net united	dated business taxable income from 10th 1990 1, line 39	· · ·	Prior Year	1,5	Current Year
	• Contribut	cions and grants (Part VIII, line 1h)	-	Filor rear	0	0
2				233,8	_	
Revenue	_	service revenue (Part VIII, line 2g)	-	233,0	_	273,269
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)	·	76.0	0	0
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,0		65,206
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)	309,9	_	338,475
		nd similar amounts paid (Part IX, column (A), lines 1–3)		9,1	47	13,913
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)	39,6	30	80,163
SE	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b Total fundr	raising expenses (Part IX, column (D), line 25)				
Ω	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,3	79	237,830
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		248,1	56	331,906
	19 Revenue	less expenses. Subtract line 18 from line 12		61,7	90	6,569
e S				Beginning of Current Ye	ar	End of Year
Net Assets or Fund Balances						
3ak	20 Total asse	ets (Part X, line 16)		61,7	90	66,338
A P	21 Total liab	ilities (Part X, line 26)			0	216
žĒ	22 Net asset	ts or fund balances. Subtract line 21 from line 20		61,7	90	66,122

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	I				2020-09-19	
Sign	Sig	nature of officer			Date	
Here	CA.	ITLIN DOUGHTY DIRECTOR be or print name and title				_
		Print/Type preparer's name	Preparer's signature	Date	PTI	
Paid	ı			2020-09-18	Check if P00 self-employed	405028
	oarer	Firm's name SWEENEY CONRAD P.	S		Firm's EIN ▶ 91-130)1672
Use	Only	Firm's address ▶ 2606 116TH AVENUE	NE SUITE 200		Phone no. (425) 629	-1990
		BELLEVUE, WA 9800	41422			
May th	he IRS disc	uss this return with the preparer sho	own above? (see instructions)			✓ Yes □ No
For P	aperwork	Reduction Act Notice, see the se	parate instructions.	Cat. N	No. 11282Y	Form 990 (2019
			———— Page 2 ———			
Form	990 (2019)					Page 2
Par	t III Sta	atement of Program Service	Accomplishments			
		·	e or note to any line in this Part III			<u> O</u>
1 TO EN	•	cribe the organization's mission:	EATH DOES NOT CAUSE THEM TOPAY	/ TOO MUCH OP	MAKE MISINEODM	ED DECISIONS FOR
		RAL OR THE FUNERALS OF THOSE T		T TOO MOCIT OR	MAKE MISINFORM	LD DECISIONS FOR
_	Did the sur		and the second s	L:-L !:-		
2	-	orm 990 or 990-EZ?	program services during the year w	nich were not ils	sted on	🗆 Yes 🗸 No
	-	escribe these new services on Sched				_ 1c3 _ 1t0
3	Did the org	ganization cease conducting, or mak	e significant changes in how it condu	ucts, any progra	m	_
	services?					🗌 Yes 💆 No
	•	escribe these changes on Schedule C				
4			complishments for each of its three are required to report the amount of			
	and revenu	ue, if any, for each program service	reported.	, , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
4a	(Code:) (Expenses \$	250,669 including grants of \$	13,913	3) (Revenue \$	273,269)
	TO PROVIDE	EDUCATIONAL SERVICES FOR THE PUBL	IC TO ACCESS VIA THE WEB IN ORDER TO	LEARN MORE ABO	OUT DEATH AND THE D	DEATH INDUSTRY.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-					
4d	Other prog	gram services (Describe in Schedule	0.)			
	(Expenses	·	ng grants of \$) (Revenue s	\$)
46	Total prod	gram service expenses	250.669			

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Form 990 (2019) Page **3**

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	Yes	

Form **990** (2019)

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Form	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	D)
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No

С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		F	orm 99	0 (2019)

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orm	990 (2019)		Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a	No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 goods and services provided to the payor?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
_	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand	1 1	1

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.			
		F	orm 99	0 (2019)
	Page 6 ———————————————————————————————————			
Form	990 (2019)			Page 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	o" respo	onse to	
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		✓
Sa	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
36	Ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $ \cdot $	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? \cdot	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written winsdeblower policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		INU
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

										<u> </u>	
Se	ection C. Disclosure List the states with which a copy of this Fo	rm 990 is requi	ired to I	oe file	ed▶		CA				
18	Section 6104 requires an organization to n only) available for public inspection. Indica					f ap)1(c)(3)s	
	Own website Another's website	•	•			•	•		•		
19	Describe in Schedule O whether (and if so, policy, and financial statements available to						vernin	g do	cuments, conflict o	of interest	
20	State the name, address, and telephone number CAITLIN DOUGHTY 5300 SANTA MONICA									d records:	
											Form 990 (2019)
				Page	e 7	_					
Form	990 (2019)										Page 7
Pai	Compensation of Officers, D and Independent Contractor		stees,	Key	/ En	npl	oyee	s, F	lighest Comper	nsated Employ	ees,
Se	Check if Schedule O contains a respection A. Officers, Directors, Truste	onse or note to									🗆
1a C year.	omplete this table for all persons required to	be listed. Rep	ort com	pens	atior	for	the c	alen	dar year ending wi	th or within the or	ganization's tax
	List all of the organization's current officers mpensation. Enter -0- in columns (D), (E), a							or o	rganizations), rega	ordless of amount	
	List all of the organization's current key em										
who orgai	List the organization's five current highest on the certified reportable compensation (Box 5 of continuous and any related organizations.	Form W-2 and/	or Box	7 of I	Form	10	99-MI	SC)	of more than \$100	,000 from the	
	List all of the organization's former officers, portable compensation from the organization						sated	emp	loyees who receive	ed more than \$100	,000
orgai	List all of the organization's former director nization, more than \$10,000 of reportable con nstructions for the order in which to list the	ompensation fro	om the								
	Check this box if neither the organization no	r any related o	rganizat	tion c	omp	ens	ated a	ny c	current officer, direc	ctor, or trustee.	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
. ,	AITLIN DOUGHTY CTOR	20.00	х						68,362	0	0

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													Form 99 0	0 (201
					Page	e 8								
n	990 (2019)													Page
ar	t VII Section A. Officers, Direct	ctors, Trustee	s, Key	Emp	loye	es,	and	High	nest Co	mpensate	ed Employees (cont	inued)	
(A) Name and title		(B) Average hours per week (list any hours for related	than is	ion (d one b both a direc	ox, ι an of tor/t	t che unle: ficer	ss per	son a	Rep comp fro organiz	(D) ortable ensation om the zation (W-	(E) Reportable compensation from related organizations (\) 2/1099-MISC	compensat W- from the		ated f othe sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/103	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2/1099-14130/	,	organizati relate organiza	ed
			stee	frustee		Φ	pensated							
-												+		
												-		
												-		
					_							+		
S	Sub-Total	<u> </u>	<u> </u>	-	<u> </u>		•					┰┸		
	otal from continuation sheets to lotal (add lines 1b and 1c)	•					*			68,362		0		
	Total number of individuals (includin	g but not limited	to the			bove	e) who	rece	eived mo	,				
	of reportable compensation from the	e organization •	0										V	N.
	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>				-	-		_		mpensated	employee on		Yes	No
	For any individual listed on line 1a, i organization and related organizatio individual	s the sum of rep	ortable	comp	ensa	ation		other	compen		n the	3		No
	Did any person listed on line 1a rece services rendered to the organizatio								_			5		No No
<u>e</u>	ection B. Independent Contrac		استلما		a.k		- t -	±b - ¹			±100,000 °	- m -		
_	Complete this table for your five hig from the organization. Report compe											npens	sation	
_											(B)		(C	

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	otal number of indepe ompensation from the	endent contractors (incl	uding but not limite	d to those listed abo	ve) who received m	ore than \$100,000 of	:
	ompensation from the	organization = 0					Form 990 (2019)
				Page 9			
Form	990 (2019)						Page 9
Pa	rt VIII Statemen	t of Revenue					
	Check if Sch	nedule O contains a res	ponse or note to an				
				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function	business revenue	excluded from tax under sections
					revenue		512 - 514
8	erated campaigns	<u>1a</u>					
an	nbership dues .	. 1b					
5	nbership dues .						
-25 .		. 1c					
9 :	draising events .	<u> </u>					
ons	ated organizations	1d					
ij	ernment grants (contr						
ij.		ibutions) 1e					
Contributions,	ther contributions, gif	ts. grants.					
_ a	ina similar amounts not in bove	ncluded 1f					
a N	Noncash contributions incl	uded in					
	ines 1a - 1f:\$	1g					
h T	otal. Add lines 1a-1f		. •				
1			Business Code				
	2a EDUCATIONAL SERVI	CES	611710	273,269	273,269		
e							
Program Service Revenu	•						
200		_					
vice	;						
Ser	1						
am							
g g	3						
	f All other program s	service revenue					_
	9 Total. Add lines 2		273,269				
_		(including dividends, in				<u> </u>	
	similar amounts) .		•				_
		ment of tax-exempt bo					
	S Royalties	(i) Pool					
	l	(i) Real	(ii) Personal				
- 1	5a Gross rents	6a					
ļ	Less: rental expenses	6b					
	Rental income						
	or (loss)	6c		Į l			
	d Net rental income	or (loss)					
		(i) Securities	(ii) Other				
	7a Gross amount	72	1				

	rrom sales or	1791		•		1	1	•
	assets other							
	than inventory	\vdash						
	b Less: cost or	7b						
	other basis and sales expenses	1 7						
	c Gain or (loss)	7c						
	d Net gain or (loss)				7			
	Gross income from fu							
9	(not including ¢	of						
Š	contributions reported							
2	See Part IV, line 18		8a					
Dovonii	b Less: direct expens	ses	8b					
				ata .	_			
Othor	c Net income or (los	s) iroiii iuiiurais	ilig evel	its	_			
Ċ	5							
	Gross income from 9 See Part IV, line 19	gaming activities.						
	See Full IV, III C 13		9a					
	b Less: direct expens	ses	9b					
	c Net income or (los	s) from gaming	activitie	s ,	_			
	10aGross sales of inve	ntory, less						
	returns and allowa	nces	10a					
	b Less: cost of goods	s sold	10b		-			
	1		Щ.					
	c Net income or (los	•	invento		1			
		us Revenue		Business Code				
	11a _{MERCHANDISE}			44800	65,206	65,206		
	<u> </u>		<u> </u> -					
	b							
	c							
	d All other revenue							
	e Total. Add lines 1:	la-11d		•				
	1000117100111100111				65,206			
	12 Total revenue. Se	ee instructions		▶	220.475	220 475	0	
					338,475	338,475	U	Form 990 (2019)
								101111 330 (2013)
					D 10			
					– Page 10 – – – – – – – – – – – – – – – – – – –			
orr	m 990 (2019)							Dago 10
								Page 10
Ρ	Section 501/	of Functiona	(4) org	enses	omplete all columns. A	III other organization	as must complete co	Jumn (A)
	•	, , , , , , ,	. , .		y line in this Part IX .	-	•	. ,
_					y iiile iii tiiis Fait i 🖊 .	(B)	(c)	(D)
	not include amounts		nes 6b	,	(A)	Program service	Management and	Fundraising
	SD. 9D. AND THE OF P			1	Total expenses			expenses
	8b, 9b, and 10b of P	art VIII.			Total expenses	expenses	general expenses	скреньев
	Grants and other assis	art VIII. stance to domes	tic orga		Total expenses		general expenses	сирениев
1	Grants and other assist domestic government	art VIII. stance to domes s. See Part IV, lii	itic orga ne 21		·	expenses	general expenses	охреносо
1	Grants and other assist domestic government	art VIII. stance to domes s. See Part IV, lin stance to domes	itic orga ne 21 itic indiv		·	expenses	general expenses	опретиво
1	Grants and other assist domestic government	art VIII. stance to domes s. See Part IV, lin stance to domes	itic orga ne 21 itic indiv		·	expenses	general expenses	6.pc66
1	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist Grants Gran	art VIII. stance to domes s. See Part IV, li stance to domes stance to foreign	etic orga ne 21 etic indiv	riduals. See	·	expenses	general expenses	опретись
1	Grants and other assist domestic government Grants and other assist Part IV, line 22	art VIII. stance to domes s. See Part IV, li stance to domes stance to foreign eign individuals.	etic orga ne 21 etic indiv • • n organi See Pa	riduals. See	·	expenses	general expenses	опретисо
1	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist Grants Gran	art VIII. stance to domes s. See Part IV, li stance to domes stance to foreign eign individuals.	etic orga ne 21 etic indiv • • n organi See Pa	riduals. See	·	expenses	general expenses	Спретись
1 2	Grants and other assist domestic government Grants and other assist Part IV, line 22	art VIII. stance to domes s. See Part IV, li stance to domes	otic orga ne 21 otic indiv organi See Pa	riduals. See zations, foreign rt IV, lines 15	·	expenses	general expenses	Спретись
1 2 3	Grants and other assistance domestic government Grants and other assistant IV, line 22 Grants and other assistance governments, and for and 16.	stance to domes s. See Part IV, listance to domes	etic orga ne 21 etic indiv organi See Pa	riduals. See zations, foreign rt IV, lines 15	·	expenses	general expenses	6.pc60
1 2 3	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist governments, and for and 16. Benefits paid to or for	stance to domes s. See Part IV, lii stance to domes stance to foreigr eign individuals. members ent officers, dire	stic orga ne 21 stic indiv n organi See Pa	riduals. See zations, foreign rt IV, lines 15 rustees, and	13,913	expenses 13,913		6.pc60
1 2 3 4 5	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist governments, and for and 16. Benefits paid to or for Compensation of currokey employees Compensation not inc	stance to domes s. See Part IV, listance to domes of the stance to foreign eign individuals. The members of the stance to fficers, directly directl	atic orga ne 21 stic indiv n organi See Pa	riduals. See zations, foreign rt IV, lines 15 rustees, and fied persons (as	13,913	expenses 13,913		6.pc60
1 2 3 4 5	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist governments, and for and 16. Benefits paid to or for Compensation of currokey employees Compensation not incidefined under section	stance to domes s. See Part IV, listance to domes of the control o	atic organe 21 tic indiving organi See Pa cctors, tictions, tict	zations, foreign rt IV, lines 15	13,913	expenses 13,913		6.pc60
1 2 3 4 5	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist governments, and for and 16. Benefits paid to or for Compensation of currokey employees Compensation not inc	stance to domes s. See Part IV, listance to domes of the control o	atic organe 21 tic indiving organi See Pa cctors, tictions, tict	zations, foreign rt IV, lines 15 custees, and fied persons (as is described in	13,913	expenses 13,913		o.peee
1 2 3 4 5	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist governments, and for and 16. Benefits paid to or for Compensation of currokey employees Compensation not incidefined under section	stance to domes s. See Part IV, listance to domes stance to foreign eign individuals	etic orga ne 21 stic indiv organi See Pa cctors, tr	zations, foreign rt IV, lines 15 custees, and fied persons (as is described in	13,913	expenses 13,913		C. PC. III C. II
1 2 3 4 5	Grants and other assist domestic government Grants and other assist Part IV, line 22 Grants and other assist governments, and for and 16. Benefits paid to or for Compensation of currokey employees Compensation not incidefined under section section 4958(c)(3)(B) Other salaries and was Pension plan accruals	stance to domes s. See Part IV, listance to domes stance to foreign eign individuals. members ent officers, dire 1.04958(f)(1)) and 1.09es and contributior	atic organe 21 stic individual See Pa	zations, foreign rt IV, lines 15	13,913	expenses 13,913		
1 2 3 4 5	Grants and other assist domestic government Grants and other assist Part IV, line 22	stance to domes s. See Part IV, listance to domes stance to foreign eign individuals. members ent officers, dire 1.04958(f)(1)) and 1.09es and contributior	atic organe 21 stic individual See Pa	zations, foreign rt IV, lines 15	13,913	expenses 13,913		

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Land huildings and aquinments cost or other

		basis. Complete Part VI of Schedule D	10a						
	b	Less: accumulated depreciation	10b			10 c			
	11	Investments—publicly traded securities .				11			
	12	Investments—other securities. See Part IV, line	11 .			12			
	13	Investments—program-related. See Part IV, line	11 .	. [13			
	14	Intangible assets		[14			
	15	Other assets. See Part IV, line 11		[15			
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	61,790	16			66,338
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities		[20			
S	21	Escrow or custodial account liability. Complete P	Part IV	of Schedule D		21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contribor family member of any of these persons .		22			_		
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23			
	24	Unsecured notes and loans payable to unrelated	l third	parties		24			
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	0	25			216
	26	Total liabilities. Add lines 17 through 25 .			0	26			216
lances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions		ere ▶ □ and 		27			
Ba	28	Net assets with donor restrictions				28			
or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	20						
	29	Capital stock or trust principal, or current funds	0	29			0		
set	30	Paid-in or capital surplus, or land, building or eq		-	0	30			0
Assets	31	Retained earnings, endowment, accumulated inc		_	61,790	31			66,122
Net	32	Total net assets or fund balances		<u></u>	61,790	32			66,122
Z	33	Total liabilities and net assets/fund balances .	•		61,790	33			66,338 0 (2019)
	n 990 art XI	(2019) Reconcilliation of Net Assets		— Page 12 ————					Page 12
		Check if Schedule O contains a response or no	ote to a	any line in this Part XI.					
		·		•					
1	Tota	al revenue (must equal Part VIII, column (A), line	12) .			1			338,475
2	Tota	al expenses (must equal Part IX, column (A), line	25) .			2			331,906
3	Rev	venue less expenses. Subtract line 2 from line 1				3			6,569
4	Net	assets or fund balances at beginning of year (mu	ıst equ	al Part X, line 32, column (A))	4			61,790
5	Net	unrealized gains (losses) on investments				5			
6	Don	nated services and use of facilities				6			
7	Inve	estment expenses				7			
8	Prio	or period adjustments	8			-2,237			
9	Oth	er changes in net assets or fund balances (explain	n in Sc	hedule O)		9			0
10	Net	assets or fund balances at end of year. Combine	lines 3	through 9 (must equal Par	t X, line 32, column (B))	10			66,122
Pa	art XII	Financial Statements and Reporting	9						_
		Check if Schedule O contains a response or n	ote to	any line in this Part XII .					
1	If th	ounting method used to prepare the Form 990: he organization changed its method of accounting ledule O.		✓ Cash ☐ Accrual ☐ a prior year or checked "Otl				Yes	No
2		re the organization's financial statements compiled Yes,' check a box below to indicate whether the fin		, ,		on a	2a		No

rorm '	990, Special Condit		ocial Condition Description			
Form !	000 Special Conditi		tware Version:			
			Software ID:			
Add	litional Data			Return to	Form	
	90 (2019)					
				Form	990 (2019)	
			dit or audits? If the organization did not undergo the required eany steps taken to undergo such audits.	3b		
	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?					
It	f the organization change	ed either its oversight proces	s or selection process during the tax year, explain in Schedule	0.		
			committee that assumes responsibility for oversight ements and selection of an independent accountant?	2c		
	☐ Separate basis	Consolidated basis	☐ Both consolidated and separate basis			
	f 'Yes,' check a box below consolidated basis, or bot		ncial statements for the year were audited on a separate basis	,		
b V	Vere the organization's fi	nancial statements audited b	y an independent accountant?	2b	No	
	☐ Separate basis	Consolidated basis	$\ \square$ Both consolidated and separate basis			
	eparate pasis, consolidat		a Death Foundation Full Filling Horipfolic Explorer From ablied	. .	ı	
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ObjectId: 202032729349300928 - Submission: 2020-09-28

TIN: 82-3964819

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

Inspection Name of the organization **Employer identification number** THE GOOD DEATH FOUNDATION 82-3964819

							02-3304013	
	rt I	Reason for Public					See instructions.	
	rganız	ration is not a private fou		•	<i>,</i>	,	(4)(1)	
1		A church, convention of						
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)		
3		A hospital or a cooperat	tive hospital serv	vice organization desc	ribed in sectio r	170(b)(1)(A)((iii).	
4		A medical research organisme, city, and state:	anization operate	ed in conjunction with	a hospital desc	ribed in section	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	vernmental unit descri	bed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sect	ion 170(b)(1)(<i>l</i>	4)(v).	
7		An organization that no section 170(b)(1)(A)	rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from	a governmental ι	unit or from the genera	al public described in
8		A community trust desc	cribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
10	✓	An organization that no from activities related t investment income and 30, 1975. See section	o its exempt fun unrelated busin	ctions—subject to cer ess taxable income (le	tain exceptions,	, and (2) no more	than 331/3% of its su	pport from gross
11		An organization organiz	ed and operated	l exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported in lines 12a through 12	d organizations o	described in section 5	09(a)(1) or se	ection 509(a)(2). See section 509(a	
а		Type I. A supporting o organization(s) the pow complete Part IV, See	rganization oper ver to regularly a	ated, supervised, or composint or elect a majo	ontrolled by its	supported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting organiza	ervised or controlled i ation vested in the sar				
С		Type III functionally supported organization						ted with, its
d		Type III non-function functionally integrated.	nally integrated The organization	d. A supporting organing generally must satis	ization operated fy a distributior	d in connection wing requirement and	ith its supported orgar	
e		instructions). You mus Check this box if the or integrated, or Type III i	ganization receiv	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supporte	•		•			
g		Provide the following in	-					
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			1					
Tota			<u> </u>					000 55) 2010
		work Reduction Act No or 990-EZ.	tice, see the Ir		Cat. No. 1128	35F	Schedule A (Form 9	90 or 990-EZ) 2019
Schoo	۵ ماریا	(Form 990 or 990-EZ) 20	119					Da
	rt II	<u> </u>		ations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(1	Page 2
. (1		(Complete only if	ou checked th		or 8 of Part I	or if the organ	ization failed to qua	
Se	ction	A. Public Support	.anca to quan	, 411461 1116 165151		complete		

(a) 2015

(b) 2016

(c) 2017

(d) 2018

(e) 2019

Calendar year

(f) Total

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Tav revenues levied for the

10/2/24, 10:38 AM

10/2/2	4, 10:38 AM	Go	ood Death Founda	ation - Full Filing- Nor	nprofit Explorer - F	ProPublica			
-	organization's benefit and either paid				1		1		
5	to or expended on its behalf The value of services or facilities						+		
3	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5			145,107	309,946	338,34	15	71	93,398
	Amounts included on lines 1, 2, and			113,107	303/310	330,3	_		0
	3 received from disqualified persons Amounts included on lines 2 and 3								
b	received from other than disqualified								
	persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								0
8	Public support. (Subtract line 7c from line 6.)							79	93,398
Se	ection B. Total Support								
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) To	otal	
-	fiscal year beginning in)	(a) 2013	(b) 2010			` '			02 200
9 10a	Amounts from line 6 Gross income from interest,			145,107	309,946	338,34	5	/:	93,398
100	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income						+		
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
c	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b.								
	whether or not the business is								
4.0	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)			145,107	309,946	338,34	, 5	79	93,398
14	First five years. If the Form 990 is for	r the organizat	ion's first, second	d, third, fourth, or fift	th tax year as a se	ection 501(c)(3)	organiza	ation,	
	check this box and stop here						<u></u>	. > 	2
_	ection C. Computation of Public	Support Per	centage						
15	Public support percentage for 2019 (lin					15			
16	Public support percentage from 2018 S					16			
	ection D. Computation of Invest Investment income percentage for 20				f))	1 .= 1			
17	Investment income percentage for 20		. ,	, , ,	• •	17			
18	331/3% support tests—2019. If the					18 33 1/2% and lin	17 is	not	
	more than 33 1/3%, check this box and							7	
b	33 1/3% support tests—2018. If the							line 1	18 is
	not more than 33 1/3%, check this box	and stop here	e. The organization	on qualifies as a publ	icly supported org	janization	. ▶□		
20	Private foundation. If the organizati	on did not ched	ck a box on line 1	4, 19a, or 19b, check	k this box and see	instructions			
				,, ,	Schedul	le A (Form 990	or 990	-EZ) 2	2019
			Page	2.4					
Sche	dule A (Form 990 or 990-EZ) 2019							Dء	age 4
	t IV Supporting Organization	<u> </u>							ige -
i di	(Complete only if you checked		2 of Part I. If you	checked 12a of Part	I, complete Section	ons A and B. If y	ou chec	ked 17	2b of
	Part I, complete Sections A and	C. If you chec							
	Sections A and D, and complete ection A. All Supporting Organiz								
	ection A. An Supporting Organiz	ations						Yes	No
1	Are all of the organization's supported	organizations	isted by name in	the organization's a	overning documen	ite?	-+	-	
•	If "No," describe in Part VI how the s								
	describe the designation. If historic an	d continuing re	lationship, explai	n.	, , ,	,	1		
2	Did the organization have any support	ed organizatior	that does not ha	ave an IRS determina	ation of status und	ler section		$-\dagger$	
	509(a)(1) or (2)? If "Yes," explain in F								
	described in section $509(a)(1)$ or (2) .						2		
За	Did the organization have a supported	organization d	escribed in section	on 501(c)(4), (5), or	(6)? If "Yes," answ	wer (b) and (c)			
	below.					ľ	3a		
b	Did the organization confirm that each								
	the public support tests under section determination.	509(a)(2)? <i>If</i> "	Yes," describe in	Part VI when and h	ow the organization	on made the			
							3b		
С	Did the organization ensure that all su	pport to such o	rganizations was	used exclusively for	section 170(c)(2)	(B) purposes?			

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
_	· · · · · · · · · · · · · · · · · · ·	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
b	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b		
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A (Form 990		0-EZ)	201
	Page 5 ———————————————————————————————————			
	dule A (Form 990 or 990-EZ) 2019		I	Page !
Par	t IV Supporting Organizations (continued)	1	Yes	N.
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
-	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			
	Г		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the			

	supporting organization was vested in the same persons that controlled or managed the	he sup	profit Explorer - ProPublica ported organization(s).	1	I	I
Se	ection D. All Type III Supporting Organizations				l	<u> </u>
					Yes	No
	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during					
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
	documents in effect on the date of notification, to the extent not previously provided?			1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or eleorganization(s) or (ii) serving on the governing body of a supported organization? If "I					
	organization maintained a close and continuous working relationship with the supporte			2		
	By reason of the relationship described in (2), did the organization's supported organization	zatione	have a significant voice in the			
	organization's investment policies and in directing the use of the organization's income	or as	sets at all times during the tax	_		
	year? If "Yes," describe in Part VI the role the organization's supported organizations	playe	d in this regard.	3		
36	ection E. Type III Functionally-Integrated Supporting Organizations					
_	Check the box next to the method that the organization used to satisfy the Integral Pa	irt les	t during the year (see instructi	ons):		
a						
t	The organization is the parent of each of its supported organizations. Complete	line 3	3 below.			
C	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)	
	Activities Test. Answer (a) and (b) below.				Yes	No
a	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp	Part V	/I identify those supported			
	responsive to those supported organizations, and how the organization determined the	,				
	substantially all of its activities.			2a		
t	 Did the activities described in (a) constitute activities that, but for the organization's in organization's supported organization(s) would have been engaged in? If "Yes," explai 					
	organization's position that its supported organization(s) would have engaged in these					
	involvement.			2b		
	Parent of Supported Organizations. Answer (a) and (b) below.		!			
a	Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? Provide details in Part VI.	cers, c	firectors, or trustees of each of	3a		
t	Did the organization exercise a substantial degree of direction over the policies, progra					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ii	n this renard			
				3b		
			Schedule A (Form 990		90-EZ)	201
	Page 6				90-EZ)	201
	Page 6				90-EZ)	201
10						
	dule A (Form 990 or 990-EZ) 2019		Schedule A (Form 990			
a	dule A (Form 990 or 990-EZ) 2019 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	Schedule A (Form 990	or 99	F	
а	dule A (Form 990 or 990-EZ) 2019	rgani	Schedule A (Form 990) Zations Nov. 20, 1970 (explain in Part VI). See	F	
a	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true	rgani	Schedule A (Form 990 zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through). See gh E.	Ferent Year	Page
a	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	rgani st on N	Schedule A (Form 990 zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through). See gh E.	F	Page
a	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiza Section A - Adjusted Net Income Net short-term capital gain	rgani st on N tions n	Schedule A (Form 990 zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through). See gh E.	Ferent Year	Page
l L	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions	rgani st on N tions r	Schedule A (Form 990 zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through). See gh E.	Ferent Year	Page
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1 1 2 3 4 5	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	rganist on N tions r	Schedule A (Form 990) Zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through (A) Prior Year	D or 99	Fent Yea	Page
1 1 2 3 4 5 6	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short	rganist on Ntions r	Schedule A (Form 990) Zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through (A) Prior Year	D or 99	rent Yea	Page_
1 1 2 3 4 5 6	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizated Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	rganist on Nations r	Schedule A (Form 990) Zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through (A) Prior Year	D or 99	rent Yea	Page_
1 1 2 3 4 5 6	dule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short	rganist on Ntions r	Schedule A (Form 990) Zations Nov. 20, 1970 (explain in Part VI nust complete Sections A through (A) Prior Year	D or 99	rent Yea	Page

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

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

	,	, ,	'	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting or	ganization (see
			Schedule A (Fo	rm 990 or 990-EZ) 2019

Page 7 -

Schedule A (Form 990 or 990-EZ) 2019

Page **7**

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI). See instruction	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	hich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			

b Applied to 2019 distributable amount **c** Pagainder Subtract lines 42 and 4b from 4

a Applied to underdistributions of prior years

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years
 h Applied to 2019 distributable amount
 i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f.4 Distributions for 2019 from Section D, line 7:

a From 2014.

f Total of lines 3a through e

b From 2015. .c From 2016. .d From 2017. .e From 2018. .

instructions)

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·	Good Death Foundatior	n - Full Filing- Nonprofit Ex	κplorer - ProPublic	ca
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part V . See instructions.	1.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2020. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				
	Page 8			
Schedule A (Form 990 or 990-EZ) 2019				Page 8
Part VI Supplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section	9a, 9b, 9c, 11a, 11b, ar ction E, lines 1c, 2a, 2b	nd 11c; Part IV, Section B, o, 3a and 3b; Part V, line	, lines 1 and 2; Pa 1; Part V, Section	art IV, Section C, line 1; B, line 1e; Part V
	Facts And Circumsta	ances Test		
Debugs Deference		Cyplanation		
Return Reference		Explanation		
PART III, SHORT YEAR EXPLANATION: 2017 WAS THE IN	IIIIAL YEAR AND WAS	ALSO A SHORT YEAR.	0	000 000 557 557
			Schedule A (Fo	orm 990 or 990-EZ) 2019

Additional Data Return to Form

Software ID: Software Version:

ObjectId: 202032729349300928 - Submission: 2020-09-28

TIN: 82-3964819

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest info	rmation.	Inspection
	me of the organ		Employer ide	ntification number
THE	GOOD DEATH FOU	NDALION	82-3964819	
Pa	rt I Organi	izations Maintaining Donor Advised Funds or Other Similar Funds o	or Accounts.	
	Comple	te if the organization answered "Yes" on Form 990, Part IV, line 6.	1	
_		(a) Donor advised funds	(b) Fund	s and other accounts
1		end of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4	33 3	at end of year		
5		ation inform all donors and donor advisors in writing that the assets held in donor acoroperty, subject to the organization's exclusive legal control?		the ☐ Yes ☐ No
6	charitable purpo	ation inform all grantees, donors, and donor advisors in writing that grant funds can oses and not for the benefit of the donor or donor advisor, or for any other purpose o		
Pa		rvation Easements.		
1		ete if the organization answered "Yes" on Form 990, Part IV, line 7.		
•			historically impe	ortant land area
	☐ Protection	of natural habitat U Preservation of a o	certified historic s	structure
	☐ Preservati	on of open space		
2		2a through 2d if the organization held a qualified conservation contribution in the form lest day of the tax year.		tion t the End of the Year
а		conservation easements	2a	t the End of the Year
b		stricted by conservation easements	2b	
c		ervation easements on a certified historic structure included in (a)	2c	
d	Number of cons	ervation easements included in (c) acquired after 7/25/06, and not on a historic in the National Register	2d	
3	Number of constax year	servation easements modified, transferred, released, extinguished, or terminated by	the organization	during the
4	Number of state	es where property subject to conservation easement is located		
5	Does the organi and enforcemen	ization have a written policy regarding the periodic monitoring, inspection, handling nt of the conservation easements it holds?	of violations,	☐ Yes ☐ No
6	Staff and volunt	teer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation ease	
7	Amount of expe	enses incurred in monitoring, inspecting, handling of violations, and enforcing conser	vation easement	s during the year
8	Does each cons and section 170	derivation easement reported on line 2(d) above satisfy the requirements of section 1 $1(h)(4)(B)(ii)$?	70(h)(4)(B)(i)	☐ Yes ☐ No
9	balance sheet, a	scribe how the organization reports conservation easements in its revenue and expe and include, if applicable, the text of the footnote to the organization's financial state n's accounting for conservation easements.		nd
Par	t III Organi	izations Maintaining Collections of Art, Historical Treasures, or Othete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar As	sets.
1a	historical treasu	ion elected, as permitted under FASB ASC 958, not to report in its revenue statemer ares, or other similar assets held for public exhibition, education, or research in furth ext of the footnote to its financial statements that describes these items.		
b	historical treasu	ion elected, as permitted under FASB ASC 958, to report in its revenue statement ar ures, or other similar assets held for public exhibition, education, or research in furth nts relating to these items:		
		ded on Form 990, Part VIII, line 1	> \$	
		I in Form 990, Part X		
2	If the organizat	ion received or held works of art, historical treasures, or other similar assets for finants required to be reported under FASB ASC 958 relating to these items:		de the
а		ed on Form 990, Part VIII, line 1	▶\$	
b		in Form 990, Part X · · · · · · · · · · · · · · · · · ·	·	

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

Cat. No. 52283D Schedule D (Form 990) 2019

— Page 2 —

	edule D (Form 990) 2019								Page
	t III Organizations Maintaining C								
3	Using the organization's acquisition, access items (check all that apply):	ion, and other records,		any of t	he follov	ving that are	a significant ι	ise of its co	ollection
а	Public exhibition		d		Loan or	exchange pro	grams		
b	Scholarly research		е		Other				······
С	Preservation for future generations								
ŀ	Provide a description of the organization's Part XIII.	collections and explain	how the	y furth	er the or	ganization's e	exempt purpo	se in	
•	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	□ No
Par	rt IV Escrow and Custodial Arrange Complete if the organization an		m 990	, Part 1	[V, line	9, or report	ed an amou		-
La	line 21. Is the organization an agent, trustee, custo included on Form 990, Part X?							☐ Yes	□ No
								∪ Yes	U NO
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing	table:			Α	mount	
c	Beginning balance					1c			
d	Additions during the year					_ 1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990 Part X line	21 for	escrow	or custo	dial account I	iahility?	□ Ves	□ No
b b	If "Yes," explain the arrangement in Part X						•		_ NO
	irt V Endowment Funds.	III. Check here ii the e	хріапац	OII IIas	been pro	ovided ili Part	XIII		
га	Complete if the organization an	swered "Yes" on For	m 990	. Part 1	V. line	10.			
	complete if the organization an	(a) Current year		rior year			(d) Three year	ars back (e) Four years back
а	Beginning of year balance								-
b	Contributions								
c	Net investment earnings, gains, and losses								
	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cu	rrent year end balance	(line 1g	g, colun	nn (a)) h	ield as:			
а									
b	Permanent endowment								
С	The remarks are lines 22. 2h and 2c sh	ldal 1000/							
а	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss	•	tion that	t aro ho	ld and a	dministered f	or the		
a	organization by:	session of the organizat	cion cha	are ne	ilu ariu a	ammistered i	or the		Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii	i)
b	If "Yes" on 3a(ii), are the related organizat	ions listed as required	on Sche	dule R?				3b	
	Describe in Part XIII the intended uses of t	he organization's endo	wment f	unds.					_
ar	rt VI Land, Buildings, and Equipm								
	Complete if the organization an Description of property (a) Cost or (invest)	other basis (b) Cost	m 990 or other			11a. See Fo			10. Book value
	Land								
b					ı				
	Buildings								
С	Buildings Leasehold improvements								
d	Leasehold improvements								

— Page 3 -

ayc	_

Part VII Investments Other Securities.	art IV line	11h Coo Form 000 Dr	ort V line 12
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category	(b)	(c) Metho	d of valuation:
(including name of security)	Book value	Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments□Program Related. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11c. See Form 990, P	art X, line 13.
(a) Description of investment	·	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line	11d. See Form 990, Part	X, line 15.
(a) Description	•		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line	11e or 11f.See Form 9 I	90, Part X, line 25. (b) Book value
1. (a) Description of liability (1) Federal income taxes			(S) Book value

)			
·)			
5)			
5)			
7)			
8)			
9)			
	must equal Form 990, Part X, col.(B) line 25.) certain tax positions. In Part XIII, provide the text of the footnote to the organization's fi	nancial statements that r	216
•	pility for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the foc		
<u> </u>		<u> </u>	(Form 990) 2019
	Page 4		
chedule D (Form	1990) 2019		Page 4
` `	conciliation of Revenue per Audited Financial Statements With Reven	ue per Return.	ruge 4
Co	mplete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	·	
	ue, gains, and other support per audited financial statements	1	
	icluded on line 1 but not on Form 990, Part VIII, line 12:		
	zed gains (losses) on investments		
	ervices and use of facilities		
	of prior year grants		
	cribe in Part XIII.)		
	ta through 2d	2e	
	ne 2e from line 1	3	
	t expenses not included on Form 990, Part VIII, line 7b . 4a		
	cribe in Part XIII.)		
`	a and 4b	4c	
	ue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	conciliation of Expenses per Audited Financial Statements With Exper		
	mplete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	nses and losses per audited financial statements	. 1	
	included on line 1 but not on Form 990, Part IX, line 25:		
	ervices and use of facilities		
•	adjustments		
	es		
•	ta through 2d	. 2e	
	ne 2e from line 1	. 2e 3	
	included on Form 990, Part IX, line 25, but not on line 1:	· -	
5 111	t expenses not included on Form 990, Part VIII, line 7b 4a		
a Investment	cribe in Part XIII.)		
	a and 4b	. 4c	
b Other (Des		 _ 	
b Other (Descc Add lines 4	nses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
b Other (Desc c Add lines 4 Total expen	nses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
b Other (Desc c Add lines 4 Total expenses Part XIII S		nd 2b; Part V, line 4; Part	X, line 2; Part XI,

Additional Data Return to Form

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Note: To capture the full con Schedule I	ntent of this d	• •				<u>L</u>	OMB No. 1545-0047
(Form 990)			Other Assistance	_			2019
			and Individuals				Open to Public
Department of the Treasury			Attach to Form w.irs.gov/Form990 for	990.			Inspection
nternal Revenue Service lame of the organization		<u> </u>				Employer ide	ntification number
THE GOOD DEATH FOUNDATION						82-3964819	
Part I General Informat Does the organization mainta			the grants or assistance t	he grantees' eligibility	for the grants or assistance	a and	
the selection criteria used to	award the grants	or assistance?				z, and	🗌 Yes 🔽 No
2 Describe in Part IV the organ Part II Grants and Other As	· ·				ganization answered "Yes"	on Form 990. Part IV.	line 21, for any recipient
that received more that	an \$5,000. Part II	can be duplicated if add	ditional space is needed.		· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) TRANSLIFELINE	47-2097494	501(C)(3)	6,000		FMV		TO FURTHER THE
195 415T ST 11253 OAKLAND, CA 946119991	47-2037434	301(0)(3)	0,000				ORGANIZATION IN HELPING TO CONNECT TRANS PEOPLE TO THE COMMUNITY, SUPPORT, AND RESOURCES THEY NEED TO SURVIVE AND THRIVE.
2 Enter total number of section						. _	1
2 Enter total number of other c	arannizationa lieta	d in the line 1 telle					
				Cat. No. 50055		_	Schedule I (Form 990) 2019
or Paperwork Reduction Act Notice, chedule I (Form 990) 2019 Part III Grants and Other As	, see the Instruction	ns for Form 990. Page estic Individuals. Con		Cat. No. 50055	P		Schedule I (Form 990) 2019 Page 2
or Paperwork Reduction Act Notice,	see the Instruction sistance to Domated if additional s	ns for Form 990. Page estic Individuals. Con	:2	Cat. No. 50055	P		
ichedule I (Form 990) 2019 Part III Grants and Other As Part III can be duplica (a) Type of grant or assistar	see the Instruction sistance to Domated if additional s	Page estic Individuals. Con pace is needed. (b) Number of	nplete if the organization a	Cat. No. 50055 Inswered "Yes" on Forr (d) Amount of	n 990, Part IV, line 22.		Page 2
ichedule I (Form 990) 2019 Part III Grants and Other As Part III can be duplica (a) Type of grant or assistar	see the Instruction sistance to Domated if additional s	Page estic Individuals. Con pace is needed. (b) Number of	nplete if the organization a	Cat. No. 50055 Inswered "Yes" on Forr (d) Amount of	n 990, Part IV, line 22.		Page 2
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Schedule I (Form 990) 2019 Part III Grants and Other As Part III can be duplica (a) Type of grant or assistar (1) (2) (3) (4)	see the Instruction sistance to Domated if additional s	Page estic Individuals. Con pace is needed. (b) Number of	nplete if the organization a	Cat. No. 50055 inswered "Yes" on Forr (d) Amount of	n 990, Part IV, line 22.		Page 2
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cichedule I (Form 990) 2019 Part III Grants and Other As Part III can be duplica (a) Type of grant or assistar 1) 2) 3) 4) 5) 6) 7) Part IV Supplemental	ssistance to Domated if additional since	estic Individuals. Con pace is needed. (b) Number of recipients	nplete if the organization a (c) Amount of cash grant	Cat. No. 50055 Inswered "Yes" on Forr (d) Amount of noncash assistance	n 990, Part IV, line 22. (e) Method of valuation (I FMV, appraisal, other		Page 2
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For Paperwork Reduction Act Notice, Schedule I (Form 990) 2019 Part III Grants and Other As Part III can be duplica (a) Type of grant or assistar (1) (2) (3) (4) (5)	ssistance to Domated if additional since	estic Individuals. Con pace is needed. (b) Number of recipients	nplete if the organization a (c) Amount of cash grant	Cat. No. 50055 Inswered "Yes" on Forr (d) Amount of noncash assistance	n 990, Part IV, line 22. (e) Method of valuation (I FMV, appraisal, other	ditional information	Page 2

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TIN: 82-3964819

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, lines 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.

►Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

	ame of the organization						E	Employer identification number					
INE GOOD DEATH	HE GOOD DEATH FOUNDATION						82	2-396	4819		_		
	ess Benefit Tr).		
	Complete if the organization answered "Yes" (a) Name of disqualified person				oetween disqua			(c) [Descrip	tion of		d) Corre	ected?
					organization		+	tr	ansact	ion		res	No
							-						
2 Francisco	amount of tax inc				:			ر مام مرر					
4050	amount of tax inc	, -		-		· · · ·	.	·	. •	\$ \$			
					organization .		•	•		>			
Co	pans to and/o emplete if the orgo ported an amount	anization answer	ed "Yes" or	Form 990-E	Z, Part V, line 3	8a, or Form 99	0, Pai	rt IV,	line 26	; or if t	the org	ganizatio	on
(a) Name of interested			(d) Loar			d (f) Balance due	(g) In default? App			(h) proved by		(i) Written agreement?	
person organization		10011	0.9	amzacion.	amount	uuc	ucie	aure.	boai	rd or nittee?			
			То	From			Yes	No	Yes	No	Yes	N	0
(1) CAITLIN DOUGHTY	OFFICER	TEMPORARY CASH FLOW ADJUSTMENT		Х	10,000	10,000		No		No		٨	lo
Total .					\$	10,000		l .			<u> </u>		
	ants or Assist mplete if the or					lino 27							
(a) Name of inte	erested person	(b) Relationship	between		t of assistance	(d) Type o	of ass	istand	ce	(e) Pu	irpose	of assis	tance
	İ	nterested persor organization											
For Paperwork Re	eduction Act Notice	e, see the Instruct	tions for Fo	rm 990 or 990	-EZ. Ca	at. No. 50056A		Sc	hedule	L (Forn	n 990 d	or 990-E	Z) 2019
				Pag	ge 2 ———								
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	ısiness Transa		ina Inte	rested Pers	sons.								Page 2
Co	mplete if the or	ganization ans	wered "Ye	es" on Form	990, Part IV,							(-) C	l
(a) Nan	ne of interested p	erson	(b) Rela between i person a	nterested	(c) Amour transacti		i) Des	script	ion of t	ransac	tion	organi	haring of zation's
			organi	zation								revei Yes	nues? No
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Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2019

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TIN: 82-3964819 OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019

Open to Public Inspection

Name of the organization THE GOOD DEATH FOUNDATION

Employer identification number

82-3964819

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE DIRECTOR PRIOR TO SIGNING THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PAYROLL FEES: PROGRAM SERVICE EXPENSES 912. MANAGEMENT AND GENERAL EXPENSES 48. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 960. CONTRACTORS: PROGRAM SERVICE EXPENSES 125,914. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 125,914.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

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