efil	e Pu	iblic Visi	al Render	ObjectId:	202203189	349315150 - S	ubmissio	on: 202	22-11	-14	T:	IN: 82-3964819	
Form	00	20	Re	turn of C	Organizat	ion Exemp	t From	Inco	ome	Tax	(OMB No. 1545-0047	
Form	コこ	JU			•	•					tions)	2021	
			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.						,				
Departr	nent of	f the Treasury		Go to <u>www.irs</u>	<u>s.gov/Form99</u>	<u>o</u> for instruction	s and the l	atest ir	nforma	ation.		Open to Public Inspection	
Internal Revenue Service												Inspection	
A F	or th	ne 2021 ca			eginning 01-01	-2021 , and en	ding 12-31	1-2021	1				
		applicable:	C Name of organ THE GOOD DE	ization ATH FOUNDATION	N					D Employ	er identif	ication number	
_		change hange								82-3964	4819		
O Ini		-	Doing business	as									
		rn/terminated ed return	Number and st	reat (or DO hav	if mail is not delive	ered to street addres	s) Room/sui	to		E Telephon	e number		
		a return ion pending		ONICA BLVD 320		ereu to street addres	s) ROUIT/SUI	le		(323) 2	40-3537	,	
					country, and ZIP c	or foreign postal code							
			LOS ANGELES,							G Gross re	ceipts \$ <mark>5</mark>	06,428	
		ĺ	F Name and CAITLIN DOU	address of prin GHTY	cipal officer:			H(a)	Is this	a group re	turn for		
			1037 NE 65TH	1 ST 84444						dinates? I subordinat	es	□Yes ☑No	
I Ta	x-exe	mpt status:	SEATTLE, WA				\cap	.,	include	ed?		Yes No	
			501(c)(3)			4947(a)(1) or	527			attach a l ", exemption		instructions.	
JW	ebsi	τe:► WW	W.ORDEROFTH	EGOODDEATH.	.COM				Group	evenihriou	number	-	
K Forr	n of o	organization			Association 🗌 O	ther 🕨		L Year o	of forma	tion: 2017	M State	of legal domicile: CA	
Pa	art I	Sum				6							
						ficant activities: ISES THEM TOPAY	тоо мисн	OR MAK	KE MIS	INFORMED	DECISI	ONS FOR THEIR	
lce		OWNFUNE	RAL OR THE FU	NERALS OF TH	IOSE THEY LOVE								
mai													
Governance		Charlet	s box 🕨 🗌										
5				ers of the gove	erning body (Par	t VI, line 1a) .					3	4	
SS &	4	Number o	of independent	voting member	rs of the governi	ing body (Part VI, I	ine 1b) 🔒		•		4	1	
Activities &	5	Total num	ber of individua	als employed ir	n calendar year	2021 (Part V, line	2a)		•		5	3	
Acti	6			-	necessary) .		• •			•	6	15	
4						n (C), line 12 .		• •	• •		7a	327	
	b	Net unrela	ated business t	axable income	trom Form 990-	T, Part I, line 11		• •	· ·	· ·	7b	L	
		Contribut	ione and events		16)			-	Pric	or Year	0	Current Year	
ent	8		-	. ,	1h) 2g)		•••			364,4	•	0 496,618	
Revenue				. ,	27	nd 7d)				504,5	0	327	
ă						c, 10c, and 11e)	-			21,6	523	9,483	
						t VIII, column (A),	line 12)			386,0		506,428	
						lines 1-3)	-			21,8	349	4,529	
	14	Benefits p	oaid to or for m	embers (Part IX	X, column (A), li	ne 4)					0	0	
8	15	Salaries,	other compens	ation, employee	e benefits (Part	IX, column (A), lin	es 5–10)			88,4	463	172,732	
Exp enses			onal fundraising fees (Part IX, column (A), line 11e)				0			0			
xb(aising expenses (I										
ш		•	<pre>kpenses (Part IX, column (A), lines 11a-11d, 11f-24e)</pre>				245,6		287,777				
		-		-	-					355,9		465,038	
<u>له</u>	19	ĸevenue	less expenses.	Subtract line 18	o from line 12		• •	Begi	inning	30,1 of Current Y		41,390 End of Year	
Net Assets or Fund Balances								Begi	iig (Car		
sse Bala	20	Total asse	ets (Part X, line	16)						96,2	260	140,559	
et A Ind	21	Total liabi	lities (Part X, li	ne 26)							0	0	
Ž,	22	Net asset	s or fund balan	ces. Subtract li	ine 21 from line	20				96,2	260	140,559	
Pa	art II	Signa	ature 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

							2022-11-14	
Sign		gnature of officer					Date	
Here	CA	ITLIN DOUGHTY pe or print name						
	/ //	•	eparer's name	Preparer's signatu	re	Date		PTIN
Pai	d	i i iiid i ype pic		i i opar ci o orginata		2022-11-12	Check U if self-employed	P00405028
Preparer Use Only		Firm's name	SWEENEY CONRAD F	PS			Firm's EIN 🏲 9	01-1301672
		Firm's addres	s Þ 10210 NE POINTS DF	RIVE SUITE 300			Phone no. (425	5) 629-1990
			KIRKLAND, WA 980	33				
Mav t	he IRS disc	uss this return	with the preparer sh	own above? (see ins	tructions)			. 🗸 Yes 🗌 No
			ct Notice, see the se		,		No. 11282Y	Form 990 (2021
				F	age 2			
Form	990 (2021))						Page
			Program Service	Accomplishmen	ts			i dye i
			e O contains a respons	-				0
1			nization's mission:	,				
			F DEATH AND THAT D		JSE THEM TOPAY	TOO MUCH OR	MAKE MISINF	ORMED DECISIONS FOR
			UNERALS OF THOSE					
2	Did the or	ganization und	lertake any significant	program services d	uring the year whi	ich were not lis	sted on	
	•	orm 990 or 99						🗌 Yes 🗹 No
2			new services on Sched		a in have it conduc			
3	services?		se conducting, or mak	e significant change	s in now it conduc	cts, any progra	m	. 🗌 Yes 🔽 No
			changes on Schedule	•••••				. Tes V No
4			5		anch of its three l	argest program		noncured by expenses
-	Section 50	1(c)(3) and 5	01(c)(4) organizations	are required to rep				neasured by expenses. hers, the total expenses,
	and reven	ue, if any, for	each program service	reported.				
4a	(Code:) (Expenses \$	396,801 includ	ling grants of \$	4,529) (Revenue \$	496,618)
	TO PROVIDE	E EDUCATIONAL	SERVICES FOR THE PUBL	IC TO ACCESS VIA THE	WEB IN ORDER TO	LEARN MORE ABO	OUT DEATH AND	THE DEATH INDUSTRY.
4b	(Code:) (Expenses \$	incluc	ling grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	includ	ling grants of \$) (Revenue \$)
4d	Others		(Decerite in Colored)					
-+u	(Expenses	-	(Describe in Schedule includ	ing grants of \$) (Revenue s	\$)
4e	· ·	gram service		396,801		, ,		,

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Form	990 (2021)			Page 3
Pai	tiv Checklist of Required Schedules			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
1	Schedule A 🕲	1	ies	
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? <i>If "Yes," complete Schedule C, Part I</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 Rev. Proc. 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? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
-	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? If "Yes," 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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	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		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule G, Part 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		No

government on Part IX, column (A), line 1? If "Yes," complete Schedule 1, Parts 1 and 11

Form **990** (2021)

	Page 4			
Form	990 (2021)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	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? \ldots .	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? <i>If "Yes," complete Schedule L, Part II</i> 🗐	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 the 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 line 28a or 28b? If "Yes," complete Schedule L, Part IV			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? If "Yes," complete Schedule R, Part 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? If "Yes," complete Schedule R, Part V, line 2	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 on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
		ļ	165	110

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable $\$.

e . . 1a 0 able . 1b 0

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

Form 990 (2021)

1c

– Page 5 –

Form	990	(2021)

Page 5

	Statemente Decerding Other IDC Filings and Tax Compliance (continued)		Page
	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 2a		
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)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55 5c	
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	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:		
а	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 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
с	Enter the amount of reserves on hand		
tps://	projects.propublica.org/nonprofits/organizations/823964819/202203189349315150/full		

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 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? If "Yes," complete Form 4720, Schedule O.	16		No		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				
	Form 990 (2021)					

	Page 6			
Form	990 (2021)			D 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Nu lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	,		Page 6
Se	ection A. Governing Body and Management	<u> </u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 1			
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? $\ .$	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?	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	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 on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		

14	Did the organization have a written document retention and destruction policy?
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
а	The organization's CEO, Executive Director, or top management official

. . .

b	Other officers or key employees of the organization	•
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	
_		

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . •

13 Did the organization have a written whistleblower policy? .

No

No

No

No

No

13

14

15a

15b

16a

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

Good Death Foundation - Full Filing- Nonprofit Explorer - ProPublica

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16b

,,,,,,, _	onn oo o o oqu			Jur		CA				
18 Section 6104 requires an organization to										
501(c)(3)s only) available for public inspe \Box Own website \Box Another's website	_								ıy.	
 19 Describe in Schedule O whether (and if so policy, and financial statements available 	, how) the orga	Inizatio	n mac	le its	s go				of interest	
20 State the name, address, and telephone a CAITLIN DOUGHTY 1037 NE 65TH ST 84								nization's books and	d records:	
	JIII JEANE	_, ,, ,, ,	0115	(010	,, 0.	J7 040	00			Form 990 (2021)
				_						
			Page	2						
Form 990 (2021)										Page 7
Part VII Compensation of Officers, I and Independent Contracto		istees	, Key	y Er	npl	oyee	s, H	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a res		o any li	ne in	this	Part	VII.				🗆
Section A. Officers, Directors, Trusto		-	-						-	
1a Complete this table for all persons required tyear.	o be listed. Rep	ort con	pens	atior	1 for	the c	alen	dar year ending wi	th or within the org	ganization's tax
 List all of the organization's current officer of compensation. Enter -0- in columns (D), (E), 							or o	rganizations), rega	rdless of amount	
• List all of the organization's current key en										
• List the organization's five current highest who received reportable compensation (box 5 o organization and any related organizations.	compensated er f Form W-2, For	mployee m 1099	es (ot)-MIS(her 1 C, ar	than nd/o	an of r box	fficer 1 of	; director, trustee c Form 1099-NEC) c	or key employee) f more than \$100,	000 from the
• List all of the organization's former officers of reportable compensation from the organizatio	on and any relat	ed orga	inizati	ions.			·			,000
• List all of the organization's former directo organization, more than \$10,000 of reportable of See the instructions for the order in which to list	compensation fro	om the								
\Box Check this box if neither the organization n	or any related o	rganiza	tion c	omp	ens	ated a	any c	urrent officer, dired	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list	than	one b	ox, ι	t cho Inles	eck m ss per	son	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related		direct	tor/t	rust	ee)	u 1	organization (W-2/1099-	organizations (W-2/1099-	from the organization and
	organizations below dotted	Individual trustee or director	Ins	Officer	Key employee	Highest o employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related
	line)	inect	Institutional	ĕ	emp	lest love	ner	NLC)	NEC)	organizations
		or tr	onal		oloye	compens 9e				
		Istee	Truste		Ð	pens				
		¢	tee			sated				
	20.00)				0				
(1) CAITLIN DOUGHTY DIRECTOR		х						84,362	0	0
(2) SARAH STEVENS	36.00	X						38,177	0	0
DIRECTOR	•	^						36,177	0	0
(3) ERICKA CAMERON	36.00)		x				33,157	0	0
PROJECT & DEVELOPMENT				~				55,157		
	1		1				1			
	1		1				1			
	1		+							
				-						
							-			
			 				<u> </u>			Ļ
https://projects.propublica.org/nonprofits/organizat	ions/823964819	/20220	31893	3493	151	50/full				

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		one b	ox, ι n of	t che inles ficer	s pers	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	organization and related organizations
1b Sub-Total	art VII, Section		· ·			• • •		155,696	0	0
 2 Total number of individuals (including of reportable compensation from the 	but not limited	to thos	e liste	ed al	bove	e) who	rece			

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No
Se	ection B. Independent Contractors		

1 Complete this table from the organizatio	for yo n. Re	our five highest co	mpensated independ n for the calendar yea	ent contractors that ar ending with or wil	received more thar thin the organization	n \$100,000 of comp n's tax year.	ensation
		() Name and bus			Desc	(B) ription of services	(C) Compensation
							-
2 Total number of indeper compensation from the			uding but not limited	to those listed abov	ve) who received m	ore than \$100,000	
							Form 990 (2021)
				Page 9			
Form 990 (2021)							Page 9
Part VIII Statemer	nt of	Revenue					
Check if Scl	hedul	e O contains a res	ponse or note to any	line in this Part VIII (A)	<u></u> (В)	 (C)	U
				Total revenue	Related or exempt	Unrelated business	Revenue excluded from
					function revenue	revenue	tax under sections 512 - 514
Federated campaigns	•	. 1a					
Contributions, Sifts, Grants, and Membership dues		16					
DtherAmt							
Arhounts .	•	1c					
d Related organizations		1d					
e Government grants (contr	ributio	ns) 1e					
f All other contributions, gif							
and similar amounts not in above	nclude	ed 1f					
g Noncash contributions inclines 1a - 1f:\$	luded	in 1g					
h Total. Add lines 1a-1f			. ►				
			Business Code				
2a EDUCATIONAL SERVI	CES		611710	496,618	496,618		
, menue							
Rev							
vice							
E Set							
Program Service Revenue							
f All other program							
9 Total. Add lines 2 3 Investment income			496,618				
similar amounts) .	•		►	327		32	7
4 Income from invest 5 Royalties							
	r. I	(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental							
expenses	6b		 				

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	or (loss)	6c							
d	Net rental income	or (loss) .		· · · •				
			(i) Securi	ties	(ii) Other				
f	Gross amount from sales of assets other than inventory	7a							
c	Less: cost or other basis and sales expenses	7b							
c (Gain or (loss)	7c							
d	Net gain or (loss)				· · · •				
r Revenue	Gross income from fu (not including \$ contributions reported See Part IV, line 18 Less: direct expensive Net income or (loss	i on l • ses	of ine 1c).	8a 8b ng eve	nts				
b	Gross income from g See Part IV, line 19 Less: direct expens Net income or (los	• ses	· · ·	9a 9b ctivitie	25				
r	Gross sales of inve returns and allowa Less: cost of goods	nces	• •	10a 10b					
C	Net income or (los	-		nvento	-				
11a	Miscellanec	ous R	levenue		Business Code 448000	9,483	9,483		
b									
c									
	All other revenue		• • •	I.	8				
e	Fotal. Add lines 1:	1a-1	1d	• •	· · •	9,483			
12	Total revenue. Se	ee in	structions .	•	· · · 🕨	506,428	506,101	327	0
						• · · · · · · · ·	• • •		Form 990 (2021)

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Form 990 (2021)

Pa	art IX State	ment of Functional Expenses				
	Section	501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ons must complete co	olumn (A).
	Check i	f Schedule O contains a response or note to ar	ny line in this Part IX			🗹
	not include am 8b, 9b, and 10	ounts reported on lines 6b, b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		er assistance to domestic organizations and nments. See Part IV, line 21	4,529	4,529		
2		er assistance to domestic individuals. See				
3	governments, a	er assistance to foreign organizations, foreign nd foreign individuals. See Part IV, lines 15				
4	Benefits paid to	or for members				
5		f current officers, directors, trustees, and	155,697	147,912	7,785	
6		not included above, to disqualified persons (as ection $4958(f)(1)$) and persons described in				

https://projects.propublica.org/nonprofits/organizations/823964819/202203189349315150/full

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-	oundation - Full Filing-	Nonprofit Explorer - P	roPublica	
section 4958(C)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	17,035	16,183	852	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,583		6,583	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	146,429	146,398	31	
12 Advertising and promotion	258	258		
13 Office expenses	2,176	2,176		
14 Information technology	17,249	17,249		
15 Royalties				
16 Occupancy	1,650	1,650		
17 Travel	49,110	49,110		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	100	100		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	45	45		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a MERCHANDISE SELLERS FEE	50,225		50,225	
b MEALS	5,171	5,171		
c TELEPHONE & INTERNET	2,986	2,986		
d POSTAGE & SHIPPING	2,761		2,761	
e All other expenses	3,034	3,034		
25 Total functional expenses. Add lines 1 through 24e	465,038	396,801	68,237	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2021)

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01111 3 5 0	(2021)			Page 1.
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	86,260	1	77,323
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from 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	10,000	5	10,000
6	Loans and other receivables from other disqualified persons (as defined under			

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		section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)	6	I
ŝ	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
μ	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities .		11	53,236
	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) 96,260	16	140,559
	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	art IV of Schedule D	21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	outor, or 35% controlled entity	22	
Ξ	23	Secured mortgages and notes payable to unrela	ted third parties	23	
	24	Unsecured notes and loans payable to unrelated	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		25	
	26	Total liabilities. Add lines 17 through 25 .	. 0	26	0
or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	eck here ▶ □ and 	27	
Ba	28	Net assets with donor restrictions		28	
r Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	,		
1004100	29	Capital stock or trust principal, or current funds		29	0
Assets	30	Paid-in or capital surplus, or land, building or eq		30	0
Ass	31	Retained earnings, endowment, accumulated inc			140,559
Net /	32	Total net assets or fund balances		32	140,559
Ż	33	Total liabilities and net assets/fund balances .	96,260	33	140,559

Form 990 (2021)

Form 990) (2021)				Page 12
Part XI	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1 Tot	tal revenue (must equal Part VIII, column (A), line 12)	1			506,428
2 Tot	tal expenses (must equal Part IX, column (A), line 25)	2			465,038
3 Re	venue less expenses. Subtract line 2 from line 1	3			41,390
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			96,260
5 Ne	t unrealized gains (losses) on investments	5			2,909
6 Do	nated services and use of facilities	6			
7 Inv	vestment expenses	7			
8 Pri	or period adjustments	8			
9 Ot	her changes in net assets or fund balances (explain in Schedule O)	9			0
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			140,559
Part XI	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No

0/2/24	I, 10:39 AM Good Death Foundation - Full Filing- Nonprofit Explorer - ProPublica		
1	Accounting method used to prepare the Form 990: Cash Cash Conternation Conternation Conternation Conternation of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis		
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
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.	3b	

Form 990 (2021)

Additional Data

Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efil	e Put	olic Visual	Render	ObjectId: 2	20220318934931	5150 - Submi	ssion: 2022-	11-14	TIN: 82-3964819
SC	HED	ULE A		Public	Charity Statu	s and Put	olic Supp	ort	OMB No. 1545-0047
(Forr	n 990)		Con		rganization is a sect	ion 501(c)(3) d	organization or		2021
		ne Treasury			Attach to Form 990 or Form 990-EZ.				
Interna	Revenu	e Service		Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	l the latest info	ormation.	Open to Public Inspection
		ne organiza EATH FOUNDA ⁻						Employer identif	cation number
								82-3964819	
	rt I rganiz				us (All organization e it is: (For lines 1 thro			see instructions.	
1					ssociation of churches			(A)(i).	
2	\square	A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3	\square	A hospital of	or a cooperat	ive hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4	\square	A medical r	research orga	inization operat	ed in conjunction with	a hospital descri	bed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
		name, city,	and state:						
5					t of a college or univer	rsity owned or op	perated by a gov	ernmental unit desc	ibed in section
6	\square			mplete Part II.) government or) - governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7			•	-	a substantial part of it				ral public described in
8				(vi). (Complete	-	(Complete Dart I	- T)	-	
9			•		n 170(b)(1)(A)(vi).			with a land grant of	
	\cup				ee instructions. Enter				llege or university or a
10									
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12		more public	cly supported	l organizations (d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or se	ction 509(a)(2)). See section 509	a)(3). Check the box
а		organizatio	n(s) the pow		ated, supervised, or composite of a major of the second se				
b		Type II. A manageme	supporting c nt of the sup	organization sup	pervised or controlled in ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio				ated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	n generally must satis	ization operated fy a distribution	in connection with requirement and	th its supported orga	anization(s) that is not quirement (see
е	\square			-	rt IV, Sections A and ved a written determir	•		pe I, Type II, Type I	II functionally
f	Entor				integrated supporting	-			
g				5				· · · · · · · · · <u>-</u>	
		lame of supp	ported	(ii) EIN	(iii) Type of	(iv) Is the org	anization listed	(v) Amount of	(vi) Amount of
		organizatior	1		organization (described on lines 1- 10 above (see instructions))	in your govern	ing document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		ļ
Tota									
		vork Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	5F	Schedul	e A (Form 990) 2021
					Pa	ge 2			
Sche	dule A	(Form 990)	2021						Page 2
Pa	rt II	(Comple	ete only if y	ou checked th		or 8 of Part I o	or if the organi	zation failed to qu	(1)(A)(vi) alify under Part III.
Se	ction	A. Public		ialieu to qual	ify under the tests I	isteu below, pl	ease complete	rait III.)	
	ndar				I	Г 1 со 4 о 4 о 4 о 6 и т.	I	ſ	1

	24, 10:39 AM	Good	Death Foundatio	n - Full Filing- Non	profit Explorer - P	roPublica	
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
4 5	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)						
6	Public support. Subtract line 5 from line 4.						
S	Section B. Total Support						
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(o 7	r fiscal year beginning in) Amounts from line 4.						()
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						<u> </u>
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12						12	
13	First 5 years. If the Form 990 is for th			•	•		ization, check
	this box and stop here					▶□	
_	Section C. Computation of Public						
	Public support percentage for 2021 (lin					14	
	Public support percentage for 2020 Sch					15	
16a	16a 33 1/3% support test—2021. 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						
t		-					
17.	box and stop here. The organization 10%-facts-and-circumstances test						
176	and if the organization meets the "facts						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
t	b 10%-facts-and-circumstances test-2020. 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 VI how the organization						
10	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
19							
				<u></u>		Schedule A (I	Form 990) 2021
			Page 3				
Cab	edule A (Form 990) 2021						
			- Decently of t	Continue FAC	-)(2)		Page 3
	Part III Support Schedule fo (Complete only if you					d to qualify und	or Part II If
	the organization fails t						C. I GIC II. II
5	Section A. Public Support					•	
Ca	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(0 1	r fiscal year beginning in) F Gifts, grants, contributions, and		-	· -	-	-	-
-	membership fees received. (Do not	145,107	233,863	273,269	364,472	496,618	1,513,329
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in		76,083	65,076	21,623	8,412	171,194
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						

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	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5	145,107	309,946	338,345	386,095	505,03	:0	1	684,523
	Amounts included on lines 1, 2, and	145,107	505,540	550,545	500,055	505,05		1,	004,525
	3 received from disqualified persons								0
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line								Ŭ
	13 for the year.								
	Add lines 7a and 7b.								0
8	Public support. (Subtract line 7c from line 6.)							1,	684,523
Se	ction B. Total Support					I			
	ndar year								
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(†)	Total	
9	Amounts from line 6	145,107	309,946	338,345	386,095	505,03	0	1,	684,523
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain								
	or loss from the sale of capital								
10	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,						_		
13	11, and 12.).	145,107	309,946	338,345	386,095	505,03	0	1,	684,523
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) or	ganiza	ition, cl	heck
	this box and stop here								▶ 🔽
Se	ction C. Computation of Public								
15	Public support percentage for 2021 (li			column (f))		15			
16	Public support percentage from 2020	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20			line 13, column (1	f))	17			
18	Investment income percentage from 2					18			
	33 1/3% support tests-2021. If the					-	ne 17	is not	
150	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2020. If the	e organization did	not check a box (on line 14 or line 1	19a, and line 16 is	more than 33 1	 ∕3% aı	nd line	18 is
-	not more than 33 1/3%, check this boy								
20									
	Private foundation. If the organizati	on ala not check a	a box on line 14, .	19a, of 19b, check	this box and see	Schedule A	 (Eorn		2021
						Schedule A	(FOIII	1990)	2021
			5 (
			Page 4						
Schee	dule A (Form 990) 2021							F	Page 4
Par	t IV Supporting Organization	S							
	(Complete only if you checked		of Part I. If you ch	ecked box 12a, of	Part I, complete	Sections A and E	B. If yo	ou chec	ked
	box 12b, of Part I, complete Se			12c, of Part I, con	mplete Sections A	, D, and E. If yo	u chéo	ked bo	x
	12d, of Part I, complete Sectio		omplete Part V.)						
Se	ction A. All Supporting Organiz	ations						T	
								Yes	No
1	Are all of the organization's supported	a construction and the second stands	ad by name in the	e organization's go					
	If "No," describe in Part VI how the s					se.			
	dependent of the dependence of the second second	upported organiza	ations are designa		by class or purpo	/			
2	describe the designation. If historic ar	upported organiza	ations are designa		by class or purpo	,	1		
	describe the designation. If historic an Did the organization have any support	upported organiza od continuing relat	ations are designa tionship, explain.	ted. If designated			1		
	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in	upported organiza od continuing relat	ations are designa tionship, explain. nat does not have	an IRS determina	ition of status unc	ler section	1		
	Did the organization have any support	upported organiza od continuing relat	ations are designa tionship, explain. nat does not have	an IRS determina	ition of status unc	ler section	1		
32	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	upported organiza of continuing related red organization the Part VI how the o	ations are designa tionship, explain. nat does not have rganization deteri	ted. If designated an IRS determina mined that the sup	ntion of status und apported organization	ler section ion was	2		
3a	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in	upported organiza of continuing related red organization the Part VI how the o	ations are designa tionship, explain. nat does not have rganization deteri	ted. If designated an IRS determina mined that the sup	ntion of status und apported organization	ler section ion was	2		
	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	upported organiza d continuing related ed organization the Part VI how the o	ations are designa tionship, explain. nat does not have organization detern cribed in section 5	ted. If designated an IRS determina mined that the sup 501(c)(4), (5), or (ition of status unc pported organizati (6)? If "Yes," answ	ler section ion was wer lines 3b and	2		
3a b	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	upported organizat d continuing related ed organization the Part VI how the of organization desc	ations are designa tionship, explain. nat does not have rganization detern cribed in section 5 ization qualified u	an IRS determina mined that the sup 501(c)(4), (5), or (nder section 501(6)	tion of status unc oported organizat (6)? If "Yes," answ c)(4), (5), or (6)	ler section ion was wer lines 3b and and satisfied	2		
	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	upported organizat d continuing related ed organization the Part VI how the of organization desc	ations are designa tionship, explain. nat does not have rganization detern cribed in section 5 ization qualified u	an IRS determina mined that the sup 501(c)(4), (5), or (nder section 501(6)	tion of status unc oported organizat (6)? If "Yes," answ c)(4), (5), or (6)	ler section ion was wer lines 3b and and satisfied	2		

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

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If res, explain in **Part VI** what controls the organization put in place to ensure such use.

- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing	
	organization's supported organizations? If "Yes," provide detail in Part VI.	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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	
	provide detail in Part VI.	9a

- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

Schedule A (Form 990) 2021

Page 5

Yes

Yes

No

1

2

No

3c

4a

4b

4c

5a

5b

5с

7

8

9b

9с

10a

n	5	0	0	
Р	а	u	-	

Schedule A (Form 990) 2021

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
6	Price P. Type I. Supporting Organizations			

Section B. Type I Supporting Organizations

- Did the officers, 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.
- 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.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

1

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eacn of the organization's supported organization(s)? If "No," describe in **Part VI** now control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- **3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

3a

- Page 6

Schedule A (Form 990) 2021

Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See \Box instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d

e Discount claimed for blockage or other factors

https://projects.propublica.org/nonprofits/organizations/823964819/202203189349315150/full

	Yes	No
1		
2		
<u> </u>		<u> </u>

Yes

No

Page 6

3

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	(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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	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-i instructions)	ntegrate	ed Type III supporting organization (see

Schedule A (Form 990) 2021

— Page 7 —

Schedule A (Form 990) 2021

Page 7

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish				
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2				
3 Administrative expenses paid to accomplish exempt put	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
 Carryover from 2016 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount	1 1		Γ	

· · · · · · · · · · · · · · · · · ·			L
c Remainder. Subtract lines 4a and 4b from line 4.			
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
		Sci	nedule A (Form 990) (2021)
	Page 8		

Schedule A (Form 990) 2021

Additional Data

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

Facts And Circumstances Test

PART III, SHORT YEAR EXPLANATION:	2017 WAS THE INITIAL YEAR AND WAS ALSO A SHORT YEAR.	
Return Reference	Explanation	

Schedule A (Form 990) 2021

Page 8

Return to Form

Software ID: Software Version: es Test

Form 9901 b* Complete if the organization answered "Vise" on Form 990, Part IV, lines 28, p. 28,	efile Public Visual Render ObjectId			20220	02203189349315150 - Submission: 2022-11-14						TIN: 82-3964819							
Descent of the registration Desc to unward a good form 990 or	Schedule L (Form 990) Complete			ete if the orga	Transactions with Interested Persons e 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.													
Tet Codo DetAri FouriesAndo Part I Excess Benefit Transactions (section 501(C(3), section 501(C(3), and section 501(C(3), premission only). Competer the analysis of answered 'res' on Form 90, Fart X, line 23a or 254, per X, line 30a (c) Rescription of the section of the section or organization answered 'res' on Form 90, Part X, line 23a or 254, per X, line 30a (c) Rescription of the section or organization answered 'res' on Form 90, Part X, line 23a or 254, per X, line 30a, pe							Attach to Form 990 or Form 990-EZ.						(Open to Public				
Complete if the organization answered "Yes" on Form 990, Fat TV, line 25s or 25b, or from 990-E2, Fat TV, line 42b.													•	-	entific	ation I	numbe	r
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Decorption of transition (d) Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section (a) Name of tax incurred by the organization managers or disqualified persons during the year under section (a) Name of tax incurred by the organization managers or disqualified persons during the year under section 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section (a) Name of tax incurred by the organization form 900. Fart IV, line 26; or if the organization regorded an amount of rom 990. Part IV, line 26; or if the organization argeneration).		
3 958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ 5 Part II Loans to and/or From Interested Persons. Complete II the organization answered "tes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or If the organization (a) Name of IDE Relationary of the organization answered "tes" on Form 990-EZ. (b) Organization (c) Written agreement? (a) Name of interested person (b) Relationsing (c) Purpose of (c) Loss to a from the (c) Organization? (c) Organization (c) Written agreement? (c) CATILIN OFFICER TEMPORARY X 36,000 No							(b) Relationship between disqualified person and						(c) Description of				- T	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28, or form 990, Part IV, line 26, or if the organization or form 990, Part IV, line 26, or if the organization organization organization? (a) Name of interested person (b) Relationship (c) Purpose of Quantum (c) Cartholic (c) Purpose of Quantum (c) Prom (c) Principal and (c) Part V, line 26, or if the organization? (c) Purpose of Quantum (c) Part V, line 26, or if the organization? (c) Purpose of Quantum (c) Part Part (c) Purpose of Quantum (c) Part (c) Purpose of Quantum (c) Part (c) Purpose of Quantum (c) Purpose of Purpose of Application (c) Purpose of Purpose of Application (c) Purpose of Purpose of Purpose of Purpose of Application (c) Purpose of Purpose of Application (c) Purpose of Purpose of Purpose of Application (c) Purpose of Purpose of Purpose of Application (c) Purpose of Application (c) Purpose of Purpose of Purpose of Purpose of Application (c) Purpose of Purpose of Purpose of Purpose of Application (c) Purpose of Purpose of Purpose of Purpose of Application (c) Purpose of Purpose of Purpose of Purpose of Purpose of Application (c) Purpose of Pu	4958								·	ons during	the	year ı	under	. 🕨	\$			
interested person with organization ioan organization? organization? principal amount due amount default? Approved by board or committee? agreement? 10 CATTIN OFFICER TEMPORARY CASH FLOW ADJUSTMENT X 10.000 10.000 No	Cor	mplete	if the o	rgar	nization answer	ed "Yes"	on F	Form 990-EZ,	Part V, line 3	8a, or Forr	n 99	0, Par	t IV,	line 26	; or if t	5		
(1) CATLIN DOUGHTY OFFICER TEMPORARY CASH FLOW ADJUSTMENT X 10.000 10.000 No	interested	interested with		th loan					principal					Approved I board or		by agreement? r		
DOUGHTY CASH FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW Fortal Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW Fortal Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT Image: Cash FLOW ADJUSTMENT		OFFICE	-0		TEMPODADY	То			10.000	1	0.000	Yes		Yes		Yes		-
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) Type of assistance (c) Amount of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (a) Name of interested person and the organization (f) Amount of assistance (f) Type of assistance (f) Type of assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990) 202 Page 2 Page 2 Page 2 Page 2 Schedule L (Form 990) 2021 Page 2 Page 2 Schedule L (Form 990) 2021 Page 2 Page 2 Can Name of interested person (b) Relationship the organization (c) Amount of transaction (e) Sharing of organization (a) Name of interested person and the organization (f) Amount of transaction (g) Description of transa	DOUGHTY	UFFICE	ΞK		CASH FLOW			~	10,000	1	.0,000		NO		NO		ľ	10
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Provide additional information for responses	s to questions on Schedule L (see instructions).	
Return Reference	Explanation	
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THE GOOD DEATH FOUNDATION				Employer identi 82-3964819	ntification number				
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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 584. MANAGEMENT AND GENERAL EXPENSES 31. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 615. CONTRACTORS: PROGRAM SERVICE EXPENSES 145,814. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 145,814.								
For Paperwork Reduc	ction Act N	lotice, see the Ins	structions for Form 990 or 990-EZ.	Cat. No. 51056K		Schedule O (Form 990) 2021			

Additional Data

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