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Form **990**

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.

Open to Public

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and th	ie latest infori	mation.		Inspection		
A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 $$, and ending 12	-31-2022					
O Ad	ck if applicable: dress change	C Name of organization THE GOOD DEATH FOUNDATION		D Employ 82-3964		fication number		
O Ini	me change tial return al return/terminated	Doing business as		_				
	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room,	/suite	E Telephon	e numbei	r		
ОАр	plication pending	5300 SANTA MONICA BLVD 320		(323) 2	40-3537	7		
		City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90029		G Gross re	ceipts \$ 2	231,411		
	c-exempt status:	F Name and address of principal officer: CAITLIN DOUGHTY 5300 SANTA MONICA BLVD 320 LOS ANGELES, CA 90029	subo H(b) Are	nis a group re ordinates? all subordinat uded?		☐ Yes ☑ No ☐ Yes ☐No		
		501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		lo," attach a l up exemption				
J W	ebsite:▶ WV	VW.ORDEROFTHEGOODDEATH.COM	ii(c) Grot	ир ехептрион	number	•		
K Form	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	nation: 2017	M State	of legal domicile: CA		
Pa	art I Sum	mary						
ance	TO ENSUF	scribe the organization's mission or most significant activities: RE NO ONE'S FEAR OF DEATH AND DYING CAUSES THEM TOPAY TOO MU ERAL OR THE FUNERALS OF THOSE THEY LOVE.	CH OR MAKE M	ISINFORMED	DECISI	ONS FOR THEIR		
Activities & Governance	4 Number	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)			3 4 5	1 1 3		
¥		5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)						
Act		nber of volunteers (estimate if necessary)			6	15		
		related business revenue from Part VIII, column (C), line 12		•	7a	731		
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11	1		7b	0		
			Pi	rior Year		Current Year		
2		tions and grants (Part VIII, line 1h)			0	0		
Revenue	_	service revenue (Part VIII, line 2g)		496,6	_	172,507		
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)			327	731		
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,4		58,173		
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	506,4	_	231,411		
		nd similar amounts paid (Part IX, column (A), lines 1–3)		4,5	_	21,815		
		paid to or for members (Part IX, column (A), line 4)	, 	470 -	0	0		
88	,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	172,7	_	162,028		
æ		onal fundraising fees (Part IX, column (A), line 11e)			0	0		
Expenses		raising expenses (Part IX, column (D), line 25)	<u> </u>					
Saled		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>	287,7	_	107,084		
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		465,0		290,927		
k s	19 Revenue	less expenses. Subtract line 18 from line 12	Beginnin	41,3 g of Current Yo		-59,516 End of Year		
Net Assets or Fund Balances								
Ass Bal		ets (Part X, line 16)		140,5	559	54,466		
ind ind	21 Total liab	ilities (Part X, line 26)			0	0		
Zű	22 Net asse	ts or fund balances. Subtract line 21 from line 20		140,5	559	54,466		

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			2023	-11-15
Sign	Sig	gnature of officer		Date	_
Here	CA	ITLIN DOUGHTY EXECUTIVE DIRECTOR pe or print name and title			
Paic		Print/Type preparer's name	Preparer's signature		PTIN P02019776
	parer	Firm's name SWEENEY CONRAD F	PS .		s EIN > 91-1301672
Use	Only	Firm's address 10210 NE POINTS DE	RIVE SUITE 300	Phon	e no. (425) 629-1990
		KIRKLAND, WA 980:	33		
		uss this return with the preparer sh			🗸 Yes 🗆 No
For P	aperwork	Reduction Act Notice, see the se	eparate instructions.	Cat. No. 11	282Y Form 990 (2022
			Page 2 ——		
Form	990 (2022)				Page 2
Par		atement of Program Service	Accomplishments		r age -
		eck if Schedule O contains a respons	se or note to any line in this Part III		
1 TO EN	. ,	cribe the organization's mission: DNE'S FEAR OF DEATH AND THAT D	EATH DOES NOT CAUSE THEM TOPA	Y TOO MUCH OR MAKE	MISINFORMED DECISIONS FOR
		ERAL OR THE FUNERALS OF THOSE			THIS IN OR IED DECISIONS FOR
2	Did the or	ganization undertake any significant	program services during the year v	which were not listed or	
	•	orm 990 or 990-EZ?			🗆 Yes 🛂 No
3	•	escribe these new services on Scheo ganization cease conducting, or mal		lucts any program	
3	services?	<u>.</u>			□ Yes ✓ No
		escribe these changes on Schedule	0.		
4	Section 50	he organization's program service a 11(c)(3) and 501(c)(4) organizations ue, if any, for each program service	are required to report the amount		
4a	(Code:) (Expenses \$	252,999 including grants of \$	21,815) (Rev	venue \$ 172,507)
	TO PROVIDE	E EDUCATIONAL SERVICES FOR THE PUBL	IC TO ACCESS VIA THE WEB IN ORDER T	O LEARN MORE ABOUT DE	ATH AND THE DEATH INDUSTRY.
4b	(Code:) (Expenses \$	including grants of \$) (Rev	venue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Rev	venue \$)
4d	Other pres	gram services (Describe in Schedule	0)		
→u	(Expenses	•	ing grants of \$) (Revenue \$)
4e	Total pro	gram service expenses	252.999		

----- Page 3 ----

Form 990 (2022) Page **3**

Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\textcircled{3}$	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? <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, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	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, 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
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? If "Yes," complete Schedule D, Part VIII	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? 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		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)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
	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		Yes	

Form **990** (2022

– Page 4 *–*

	990 (2022) t IV Checklist of Required Schedules (continued)			Page
			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	Yes	
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? <i>If "Yes," complete Schedule L,</i> 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		No
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? <i>If "Yes," complete Schedule L, Part IV</i>			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? <i>If "Yes," complete Schedule N, Part II</i>	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? If "Yes," complete Schedule R, Part VI	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	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	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	\vdash	1 65	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			1

Form **990** (2022)

- Page 5 -

orm	990 (2022)		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?	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:		
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
b	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:		
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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
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 13b		
С	Enter the amount of reserves on hand		
			I s.

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ı	INO
	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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
		F	orm 99	0 (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" rest	onse to	
	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	-		✓
Se	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 1	.		
	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	V	
	The governing body?	8a 8b	Yes	No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		INO
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
<u> </u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e coue	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		- 110
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		No
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		No
	1 , , , ,	124		INO
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		N.
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
a	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 on Schedule O. See instructions.			
	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	1 /	. В	l

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10/2/24, 10:39 AM

	in joint venture arrangements under appli status with respect to such arrangements				s to	safe	eguaro •	d the	e organization's e	•		
	<u> </u>									16b		
17	ection C. Disclosure List the states with which a copy of this Fo	orm 990 is reau	uired to	o be filed								
18	Section 6104 requires an organization to	make its Form	1023 ((1024 or 1024-						section		
	501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)											
19												
20	State the name, address, and telephone r									ords:		
	CAITLIN DOUGHTY 5300 SANTA MONIC	A BLVD 320	LUS A	NGELES, CA 90	029	(81	8) 85	/-U ²	188	F	orm 99	0 (2022)
				Page 7 —								
Form	990 (2022)											Page 7
Pai	Compensation of Officers, I		ustee	s, Key Emp	loye	ees	, Hig	hes	st Compensat	ed Employee	es,	
	and Independent Contractor Check if Schedule O contains a res		n anv	line in this Par	+ \/							
Se	ection A. Officers, Directors, Truste										•	
	omplete this table for all persons required t	o be listed. Rep	ort co	mpensation fo	r the	e cal	endar	yea	ar ending with or	within the orga	nization	ı's tax
	List all of the organization's current officer					als o	r orga	niza	ations), regardles	ss of amount		
	mpensation. Enter -0- in columns (D), (E), _ist all of the organization's current key en	` ,	•	•		def	inition	of	"kev emplovee."			
• l	ist the organization's five current highest	compensated e	mploy	ees (other tha	n an	offi	cer, d	irect	or, trustee or ke			
	received reportable compensation (box 5 of organization and any related organizations.	Form W-2, box	x 6 0f	Form 1099-MI	SC, i	ana,	or bo	ΧI	of Form 1099-NE	cC) of more than	1 \$100,0	JUU from
	ist all of the organization's former officers portable compensation from the organization				ısate	ed e	mploy	ees	who received me	ore than \$100,0	00	
• i	List all of the organization's former directo nization, more than \$10,000 of reportable of	ors or trustees	that	received, in the						trustee of the		
See t	the instructions for the order in which to list	t the persons al	oove.									
	Check this box if neither the organization no	1	organiz I	· ·		d an	y curi	ent		or trustee. (E)	T .	
	(A) Name and title	Average	(B) (C) (D) Average Position (do not check more than Reportab								Esti	(F) mated
		hours per week (list	of	box, unless pefficer and a dire	ecto			an	compensation from the	compensation from related		ount of ther
		any hours for related	악		₽	중	em Big	Fo	organization (W-2/1099-	organizations (W-2/1099-		ensation m the
		organizations below dotted	direk	Institutional Trustee;	icer	Key employ	Highest oc employee	Former	MISC/1099- NEC)	MISC/1099- NEC)		nization related
		line)	햧삪			plo	t cor	_	,	5,		nizations
			truste			уөө	mpensated					
			8				nsat					
							ed					
` '	AITLIN DOUGHTY	20.00	Х						35,791	(0
EXEC	UTIVE DIRECTOR								52,122			_
(2) S	ARAH STEVENS	40.00	Х						60,540	(0
EXEC	UTIVE DIRECTOR								·			
(3) JE	FF JORGENSON	2.00	Х						0	(0
BOAR	D MEMBER											
			-	 			-				1	

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10/2/24, 10:39 AM

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					Pag	je 8	-										
orm	990 (2022)																Page 8
Par	t VII Section A. Officers,	Directors, Tr	ustees	, Key Em	ploy	ees	, aı	nd Hi	ghe	est C	om	pensate	l Emp	loyees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list		on (do not unless per and a dir	son i	k m s bo	th a	n offic		cc	Repo mpo fro	(D) ortable ensation m the	com fro	(E) eportabl pensati m relate	on ed	Estim amount o	ated of other isation
		any hours for related organizations below dotted line)	Individual trustee or director	Institutio Trustee;	onal	Officer	Key employee	Highest compensated employee	Former	org	2/1	ation (W- 1099- 099-NEC)	(Ŵ	anizatio 7-2/1099 /1099-N) -	from organizat relat organiz	tion and ted
			stee					ensated									
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										+					\dashv		
									_								
									<u> </u>			ı					
	Sub-Total							•	-						-		
	otal (add lines 1b and 1c) .							•	٠			96,331			0		0
2	Total number of individuals (in of reportable compensation from				sted	abov	/e) \	who re	ecei	ved m	nore	than \$10	0,000				
																Yes	No
3	Did the organization list any f o	ormer officer, di	rector c	or trustee,	key (emp	loye	e, or	high	nest c	omp	ensated e	mploye	ee on		163	.10
4	line 1a? If "Yes," complete Sch For any individual listed on line	nedule J for such	individ of repo	rtable com	npens	• satio	on ai	nd oth	• ner d	· ·	• ensa	tion from	• •		3		No
_	organization and related organindividual			• •		•	•	•	•	•	•		• idual f		4		No
5	Did any person listed on line 1 services rendered to the organ	nization? <i>If "Yes,</i> '		•			•			_				•	5		No
<u>Se</u>	ction B. Independent Co Complete this table for your fi		ensater	l independ	ent c	onti	ract	ors the	at r	eceive	ad m	ore than	\$100 O	00 of co	mnen	sation	
-	from the organization. Report														πρεπ	Jac. 011	

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10/2/24, 10:39 AM

d Net rental income or (loss).

1	··		I			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	a					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) Cross income from funders	ь					
Gain or (loss)	с					
d Net gain or (loss) .						
a Gross income from fundra (not including \$ contributions reported on See Part IV, line 18 b Less: direct expenses c Net income or (loss) fi	of line 1c).	nte				
C Net income of (loss) if		ints				
9a Gross income from gam See Part IV, line 19 b Less: direct expenses c Net income or (loss) fi	9a 9b	es				
10a Gross sales of invento returns and allowance	ory, less					
b Less: cost of goods so	old 10b					
c Net income or (loss) fi	rom sales of invento	ry >				
11a _{MERCHANDISE}		Business Code 459900	58,173	58,173		
ь						
OtherRevenueMiscAmt						
d All other revenue .						
e Total. Add lines 11a-	11d		58,173			
12 Total revenue. See in	nstructions	•	231,411	230,680	731	0

Form **990** (2022)

Page 10

Form 990 (2022) Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	. All other organization	ons must complete c	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,500	11,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,315	10,315		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	147,871	140,477	7,394	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				

0/2/24, 10:39 AM Good Deat	h Foundation - Full Filing-	Nonprofit Explorer - F	ProPublica	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1			
9 Other employee benefits				
10 Payroll taxes	14,157	13,449	708	_
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,864		6,864	
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)	39,053	39,023	30	
12 Advertising and promotion	375	375		
13 Office expenses	3,335	3,335		
14 Information technology	9,767	9,767		
15 Royalties				
16 Occupancy	1,253	1,253		
17 Travel	15,427	15,427		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	200	200		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 O.)				
a MERCHANDISE SELLERS FEE	22,596		22,596	
b TELEPHONE & INTERNET	3,226	3,226		
c BUSINESS GIFTS	3,177	3,177		
d MEALS	579	579		
e All other expenses	1,232	896	336	
25 Total functional expenses. Add lines 1 through 24e	290,927	252,999	37,928	0
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).			For	m 990 (2022)
			101	550 (2022)
	- Page 11			
Form 990 (2022)				Page 11

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			\square
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	77,323	1	10,880
	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	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
10	7	Notes and loans receivable, net		7	

Inventories for sale or use	53,236 140,559	8 9 10c 11 12 13 14 15 16 17 18	43,586 54,466
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue		10c 11 12 13 14 15 16	
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue		11 12 13 14 15 16	
Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue		11 12 13 14 15 16	
Investments—other securities. See Part IV, line 11		12 13 14 15 16	
Investments—program-related. See Part IV, line 11	140,559	13 14 15 16 17	54,466
Intangible assets	140,559	14 15 16 17	54,466
Other assets. See Part IV, line 11	140,559	15 16 17	54,466
Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue	140,559	16 17	54,466
Accounts payable and accrued expenses	140,559	17	54,466
Grants payable			
Deferred revenue		18	
Tax-exempt bond liabilities		19	
		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other 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		22	
Secured mortgages and notes payable to unrelated third parties		23	
Unsecured notes and loans payable to unrelated third parties		24	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
Total liabilities. Add lines 17 through 25	0	26	0
Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.			
Net assets with donor restrictions		28	
Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.			
Capital stock or trust principal, or current funds	0	29	0
Paid-in or capital surplus, or land, building or equipment fund	0	30	0
Retained earnings, endowment, accumulated income, or other funds	140,559	31	54,466
Total net assets or fund balances	140,559	32	54,466
Total liabilities and net assets/fund balances	140,559	33	54,466
	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Escrow or custodial account liabilities	Escrow or custodial account liabilities

— Page 12 —

Form	n 990 (2022)		F	Page 12
Pa	art XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		231,411
2	Total expenses (must equal Part IX, column (A), line 25)	2		290,927
3	Revenue less expenses. Subtract line 2 from line 1	3		-59,516
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		140,559
5	Net unrealized gains (losses) on investments	5		-7,145
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		-19,432
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		54,466
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			

0/2/24	, 10:39 AM	Good	Death Foundation - Full Filing- Nonprofit Explorer - ProPublica				
	Schedule O.						
2a	Were the organization's fir	nancial statements compiled o	or reviewed by an independent accountant?	2a	No		
	If 'Yes,' check a box below separate basis, consolidate		icial statements for the year were compiled or reviewed on a				
	☐ Separate basis	☐ Consolidated basis	☐ Both consolidated and separate basis				
b	Were the organization's fir	nancial statements audited by	an independent accountant?	2b	No		
	If 'Yes,' check a box below consolidated basis, or both		icial statements for the year were audited on a separate basis,				
	☐ Separate basis	☐ Consolidated basis	$\hfill \Box$ Both consolidated and separate basis				
С	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization change	d either its oversight process	or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal aw Guidance, 2 C.F.R. Part 20		uired to undergo an audit or audits as set forth in the Uniform	3a	No		
b			t or audits? If the organization did not undergo the required any steps taken to undergo such audits.	3b			
				Form	990 (2022)		
Form	990 (2022)						
Ad	ditional Data			Return to	Form		
			Software ID:				
		Soft	ware Version:				
Forn	n 990, Special Conditi	on Description:					

Special Condition Description

efile Public Visual Render

ObjectId: 202313199349323151 - Submission: 2023-11-15

TIN: 82-3964819

SCHEDULE A (Form 990)

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

OMB No. 1545-0047

2022

on. Open to Public Inspection

		EATH FOUNDATION					Employer identific	ation number				
D-	T	Danasa fan Dublia	Charles Char	(Alliti		+- +b:+ \ C	82-3964819					
	rt I rganiz	Reason for Public ration is not a private four					see instructions.					
1		A church, convention of					(A)(i).					
2		A school described in se	•				()()					
3		A hospital or a cooperat					iii)					
4		·	•	-			-	ator the beenital's				
•		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section				
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that not section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in				
8		A community trust desc	ribed in sectio i	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9 10	□	An agricultural research non-land grant college of An organization that no	of agriculture. Somally receives:	ee instructions. Enter (1) more than 331/3%	the name, city, a of its support fr	and state of the or com contribution	college or university: s, membership fees, a	and gross receipts				
		from activities related to investment income and 30, 1975. See section	unrelated busin	ess taxable income (le								
11		An organization organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).					
12		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a					
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo								
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar								
c		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its				
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	d. A supporting organing organic	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
е		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally				
f	Enter	the number of supported	dorganizations				<u> </u>					
g		de the following informati										
	(1) [Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota												
For F	aperv	work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2022				
				Pa	ge 2 ———							
Sched	dule A	(Form 990) 2022						Page 2				
	rt II	Support Schedule		zations Described ne box on line 5, 7,				L)(A)(vi)				

If the organization failed to qualify under the tests listed below, please complete Part III.)

10/2	/24, 10:39 AM	Good	Death Foundation	n - Full Filing- Non	profit Explorer - P	roPublica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
•	furnished by a governmental unit to						
4	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.						
9	Section B. Total Support	<u>'</u>	•				•
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 7	r fiscal year beginning in) Amounts from line 4	(4)	(0)	(0)	(-,	(-)	(-)
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10					<u> </u>	
	Gross receipts from related activities, e					12	
13	First 5 years. If the Form 990 is for the	-		•	•		ization, check
	this box and stop here					▶∪	
	Section C. Computation of Public						
14	Public support percentage for 2022 (lin					14	
15						15	
16	33 1/3% support test—2022. If the o						
	and stop here. The organization qualif 33 1/3% support test—2021. If the	ies as a publicly s	upported organiza	tion		20/2 or more char	▶ U
	• • •	-		•		•	- 0
17:	box and stop here. The organization a 10%-facts-and-circumstances test						
17.	and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
t	10%-facts-and-circumstances tesmore, and if the organization meets the	t-2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	or 17a, and line 15	is 10% or
					-		-
18	meets the "facts-and-circumstances" temperate foundation. If the organization						🖊 🔾
10	instructions		•		•		▶ 🗆
	motractions :					Schedule A (I	Form 990) 2022
_			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule fo	r Organization	s Described in	Section 509(a)(2)		
	(Complete only if you	checked the box	on line 10 of P	art I or if the or	ganization faile		er Part II. If
_	the organization fails t	o qualify under	the tests listed	below, please c	omplete Part II.)	
	Section A. Public Support		ı	Ι	1	ı	Ι
	llendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").	233,863	273,269	364,472	496,618	172,507	1,540,729
2							
_	merchandise sold or services	76.000	65.075	24 622	0.440	F0 470	220.25
	performed, or facilities furnished in any activity that is related to the	76,083	65,076	21,623	8,412	58,173	229,367
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						

Tax revenues levied for the

10/2/24	, 10:39 AM	Good	Death Foundation	n - Full Filing- Non	profit Explorer - P	roPublica			
	to or expended on its behalf				l	l	Ī		
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge	309,946	338,345	386,095	505,030	230,68	n	1.7	70,096
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	309,940	336,343	360,093	303,030	230,00	U	1,/	
<i>,</i> a	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								U
	13 for the year.								
	Add lines 7a and 7b								0
8	Public support. (Subtract line 7c from line 6.)							1,7	70,096
Se	ction B. Total Support								
	ndar year	(-) 2010	(I-) 2010	(-) 2020	(4) 2024	(-) 2022	(6) 7		
	iscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) ⊺	otai	
9	Amounts from line 6	309,946	338,345	386,095	505,030	230,68	0	1,7	70,096
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								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	309,946	338,345	386,095	505,030	230,68	0	1,7	70,096
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 secti	ion 501(c)(3) or	ganizati	ion, ch	ieck
	this box and stop here								~
Se	ction C. Computation of Public								
15	Public support percentage for 2022 (li	ne 8, column (f) c	livided by line 13,	column (f))		15			
16	Public support percentage from 2021					16			
	ction D. Computation of Invest	-	-			10			
17	Investment income percentage for 20	22 (line 10c, colu	mn (f) divided by	line 13 column (f))	17			
	Investment income percentage from 2								
18	·	•	•			18	47.		
19a	33 1/3% support tests-2022. If the								
	more than 33 1/3%, check this box and	d stop here. The	organization qual	fies as a publicly	supported organiz	ation	🕨	* U	10:-
b	33 1/3% support tests—2021. If th	-			•				18 IS
	not more than 33 $1/3\%$, check this box								
20	Private foundation. If the organization	ion did not check	a box on line 14,	19a, or 19b, check	this box and see	instructions	>	- □	
						Schedule A	(Form	990)	2022
			Page 4						
			rage r						
Sched	lule A (Form 990) 2022							Р	age 4
Par	IV Supporting Organization	ıs							
	(Complete only if you checked								
	box 12b, of Part I, complete Se			12c, of Part I, co	mplete Sections A	, D, and E. If yo	ı check	ed bo	X
_	12d, of Part I, complete Sectio	· · · · · · · · · · · · · · · · · · ·	omplete Part V.)						
<u>Se</u>	ction A. All Supporting Organiz	ations						1	
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the s describe the designation. If historic ar			ted. If designated	by class or purpo	se,			
	describe the designation. If historic ar	ia continuing reiat	ionsnip, explain.				1		
2	Did the organization have any support	ted organization th	nat does not have	an IRS determina	ntion of status und	ler section			
	509(a)(1) or (2)? If "Yes," explain in I	Part VI how the o	rganization deter	mined that the sup	pported organizatı	ion was			
	described in section $509(a)(1)$ or (2) .						2		
3a	Did the organization have a supported	l organization des	cribed in section ^a	501(c)(4).(5) or	(6)? If "Yes " ansu	ver lines 3h and			
	3c below.	50200011 003		(-)(-)/(-)/(-)/	(-). 2. 100, 0.1131	55 55 4114	2-		
	Did the average time and Co. 11		innalina nuntia d	ndan ac-ti- 5011	-)(4) (5)	and anti-fi	3a		
b	Did the organization confirm that each the public support tests under section	supported organ	ızatıon qualified u s " describe in Po	nuer section 501(C)(4), (5), 0r (6) (and satisfied			
	determination.	555(a)(Z): II TE	o, acocine ili Pa	·· · · viicii ailu III	ow the organizatio	on made ale	<u> </u>		
						<i>(</i> =)	3b		
С	Did the organization ensure that all su	ipport to such org	anizations was us	ed exclusively for	section 170(c)(2)	(B) purposes?	- 1		

	ir res, 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 box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
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.	4c		
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).	4c		
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		
С	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? <i>If</i> "Yes," provide detail in Part VI .			
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).	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 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.	9b		
С	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 .	9c		
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.	10a		
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	10b (Form	990)	2022
			•	
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2022		F	Page 5
Par	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		
Se	ction B. Type I Supporting Organizations		Yes	l Na
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		res	No
-	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.	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		V	AI-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		Yes	No
-	The amount of the dispersion of the control of the			1

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	eacn of the organization's supported organization(s)? If "No," describe in Part VI now supporting organization was vested in the same persons that controlled or managed t			1				
Sec	ction D. All Type III Supporting Organizations				I.			
					Yes	No		
1	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 the support provided	ng 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 documents in effect on the date of notification, to the extent not previously provided?		ganization's governing	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el	ected	hy 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 during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's	income or assets at all times	3				
Sec	tion E. Type III Functionally-Integrated Supporting Organizations					•		
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):				
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	The organization is the parent of each of its supported organizations. Complete	line	3 below.					
С	The organization supported a governmental entity. Describe in Part VI how yo	u sup	ported a government entity (see	instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.				Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further	the ex	cempt purposes of the		163	NO		
	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 purp responsive to those supported organizations, and how the organization determined th							
	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	''							
а	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.							
			Schedule A	(Forn	າ 990)	2022		
	Page 6							
Sched	ule A (Form 990) 2022				F	Page 6		
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е			
	Section A - Adjusted Net Income		(A) Prior Year		ent Yea onal)	ır		
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year		ent Yea onal)	r		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
a	Average monthly value of securities	1a						

1b

1c

1d

b Average monthly cash balances

 \boldsymbol{d} \boldsymbol{Total} (add lines 1a, 1b, and 1c)

c Fair market value of other non-exempt-use assets

e 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 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)	ntegrat	ed Type III supporting organiz	ration (see

Schedule A (Form 990) 2022

———— Page 7 ——

Schedule A (Form 990) 2022

Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organized excess of income from activity	anizations, in 2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive details in Part VI). See instructions	(provide 8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section E - Distribution Allocations (i)	(ii)	(iii) Distributable

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 i Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

c Remainder, Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	——— Page 8 —		
hedule A (Form 990) 2022			Page
Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3a	1c; Part IV, Section B, li a and 3b; Part V, line 1;	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3a	1c; Part IV, Section B, li a and 3b; Part V, line 1; so complete this part fo	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3a n E, lines 2, 5, and 6. Al	1c; Part IV, Section B, li a and 3b; Part V, line 1; so complete this part fo	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V

Additional Data Return to Form

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PART I LINE 2:

Good Death Foundation - Full Filing- Nonprofit Explorer - ProPublica 10/2/24. 10:39 AM efile Public Visual Render ObjectId: 202313199349323151 - Submission: 2023-11-15 TIN: 82-3964819 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number THE GOOD DEATH FOUNDATION 82-3964819 **General Information on Grants and Assistance** 1 Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(q) Description of organization grant (book, FMV, appraisal, other) (if applicable) noncash assistance or assistance or government (1) A SACRED PASSING 9319 7TH AVE S SEATTLE, WA 98108 TO FURTHER THE 47-5676912 6,000 0 FMV CREATION OF PROJECTS TO PROMOTE MORE TRANSPARENCY IN FUNERAL INDUSTRY. (2) WAKE 3713 N RAMPART ST TO FURTHER THE CREATION OF 85-0706274 5,500 0 FMV NEW ORLEANS, LA 70117 PROJECTS TO PROMOTE MORE TRANSPARENCY IN THE AMERICAN FUNERAL INDUSTRY. 2 2 Enter total number of other organizations listed in the line 1 table . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022 Page 2 -Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if a (e) Method of valuation (book (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (f) Description of noncash assistance FMV, appraisal, other) noncash assistance recipients cash grant (1) CASH GRANT 10,315 FMV

(1) (2) (3) (4) (5) (6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I (Form 990) 2022

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GRANT RECIPIENTS MUST PROVIDE A DETAILED BUDGET ESTIMATING HOW FUNDS WILL BE DISTRIBUTED. FOUR PROGRESS REPORTS OVER THE LIFE COURSE OF THE GRANT ARE REQUIRED SO THAT THE GOF CAN BE INFORMED OF EACH GRANT RECIPIENT'S PROJECT'S PROGRESS AND THE USE OF FUNDS. EACH REPORTING PERIOD A
SHORT FORM AND SPREADSHEET TO FILL OUT DETAILING THE USE OF FUNDS IS PROVIDED AND THEN SUBMITTED TO GDF. ALL PROGRESS REPORTS ARE FOLLOWED UP

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SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

PART VI, SECTION B, LINE 11B

LINE 19

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.

Inspection **Employer identification number**

Name of the organization THE GOOD DEATH FOUNDATION 82-3964819 Return **Explanation** Reference THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI. SECTION A, LINE 8B FORM 990, FORM 990 IS REVIEWED BY THE DIRECTOR PRIOR TO SIGNING THE RETURN.

FORM 990. FORM 990 IS AVAILABLE UPON REQUEST. PART VI, SECTION C,

FORM 990. CONTRACTORS: PROGRAM SERVICE EXPENSES 38,455, MANAGEMENT AND GENERAL EXPENSES 0, FUNDRAISING PART IX, EXPENSES 0. TOTAL EXPENSES 38,455. PAYROLL FEES: PROGRAM SERVICE EXPENSES 568. MANAGEMENT AND GENERAL EXPENSES 30. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 598. LINE 11G

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

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Schedule O (Form 990) 2022

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