# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

Α	For the	2023 ca	endar year, or tax year begi	nning		, and e				
В	Check if a	applicable:	C Name of organization TH	E GOOD DEATH	H FOUNDATION		D Er	nployer identi	fication number	
Ш	Address	change	Doing business as							
П			Number and street (or P.O. box	if mail is not delive	red to street address)	Room/suite	82-39	64819		
Щ	Name cha	ange	5300 SANTA MONICA BLY	/D		320	E Te	lephone numb	er	
Ш	Initial retu	ırn	City or town		State	ZIP code	626-8	372-3622		
П	Einal ratura	/terminated	LOS ANGELES		CA	90029	020-0	172-3022		
닐	rınaı return	/terminated	Foreign country name	Foreign provin	ce/state/county	Foreign postal				
Ш	Amended	l return					<b>G</b> Gr	oss receipts \$		205,742
П	Application	n pending	F Name and address of principal	officer		1	H(a) Is this a grou	in return for subor	rdinates?	Yes X No
ш	Application	ni pending	CAITLIN DOUGHTY 5300		24 DI VD STE 23	O LOS ANCE				: =
				SANTA MONIC				_		Yes No
ı	Tax-exer	npt status:	X 501(c)(3) 501(c) (	(inse	rt no.) 4947(a)(	1) <b>o</b> r 527	If "No," att	ach a list. See	instructions	
J	Website	: WW	W.ORDEROFTHEGOODD	EATH.COM			H(c) Group exe	mption number	r	
ĸ	Form of	organization	: X Corporation Trust	Association	Other	L Yea	ar of formation:	2017 M	State of legal don	nicile: CA
	Part I		mmary			- 111		2017		CA
	1		escribe the organization's n	sission or most	cignificant activiti	os: TO E	NOUDE NO	ONE'S EE	AR OF DEATH	
ø	'		DOES NOT CAUSE THEM							TAND ITTA
ŭ						VIISINFURIVIE	D DECISION	S FUR THE	EIR OWN	
Ě		FUNER	AL OR THE FUNERAL OF	THOSE THEY	LOVE.		<i></i>			
Š	2	Check th	nis box if the organi	zation disconti <sub>l</sub>	nued its operation	s or disposed	of more than	25% of its	net assets.	
ŏ	3	Number	of voting members of the g	overning body	(Part VI, line 1a) .			3		1
<u>مخ</u>	4	Number	of independent voting mem	bers of the go	erning body (Par	: VI, line 1b).		. 4		1
Ę	5		mber of individuals employe							3
Activities & Governance	6		mber of volunteers (estimat			,		. 6		94
Ş	7a		related business revenue fr							0
•	b		elated business taxable inco							
_	Ь	Net unit	elated busiliess taxable life	ille iloin roilli	990-1, Fait I, IIIIe	11	Prior		Curren	t Voor
		Contribu	itions and grants (Part VIII,	line (1h)			FIIO	) ()	†	
Revenue	8									145,570
en	9		service revenue (Part VIII,					172,507		
Š	10		ent income (Part VIII, colum					731		791
	11		venue (Part VIII, column (A					58,173	1	58,426
	12	Total rev	enue—add lines 8 through 11	(must equal Pa	rt VIII, column (A),	line 12)		231,411		204,787
	13	Grants a	and similar amounts paid (P	art IX, column	(A), lines 1-3)			21,815		0
	14	Benefits	paid to or for members (Pa	rt IX, column (A	A), line 4)			0		0
S	15	Salaries,	other compensation, employe	ee benefits (Part	IX, column (A), line	es 5–10) .   .		162,028		133,678
Expenses	16a	Professi	onal fundraising fees (Part	X, column (A),	line 11e)			0		0
e Be	b		ndraising expenses (Part IX			0				
ĕ	17		penses (Part IX, column (A					107,084		42,447
	18		penses. Add lines 13–17 (n					290,927		176,125
	19		e less expenses. Subtract li	•	. ,	.0 20)		-59,516		28,662
- to 6	g	Ttovolia	See experience, each act in	10 10 110111 11110			Beginning of		End of	
ets	20	Total as	sets (Part X, line 16)			•	10 01	54.466		93,795
Ass	21		bilities (Part X, line 26)					01,100		0
Net Assets or	22		ets or fund balances. Subtra					54,466		93,795
	art II		nature Block	ict iiile 21 iioiii	IIIIe 20			34,400	<u> </u>	93,793
			/, I declare that I have examined thi	return including a	ccompanying schedule	e and statements	and to the heet	of my knowled	ne.	
	•		ct, and complete. Declaration of pre						go	
	,	1			,		· ·	, ,		
	gn	Sign	ature of officer					Date		
He	ere	_				EVE				
			TLIN DOUGHTY			EXE	CUTIVE DIRE	LUTUR		
			or print name and title	Duc	aror's signature		Data		DTIN	
D-	.: al	Prim	/Type preparer's name	Prepa	arer's signature		Date	Check	if PTIN	
Pa		Alaı	na Tamara Miller				4/23/202			34147
	eparer		's name Miller CPA Grou	up. P.C			Firm's		474593	
Ose Only		<i>'</i>	's address 450 South Melro		CΔ 92081				323-2864	
			s this return with the prepar			20	Phone	110. 013-	. X Ye	es No
M	ıv th⇔ I∟									

**4e** Total program service expenses

	190 (2023) THE GOOD DEATH FOUNDATION	02-3904019	Page Z
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO ENSURE NO ONE'S FEAR OF DEATH AND THAT DEATH DOES NOT CAUSE THEM TO PAY T MISINFORMED DECISIONS FOR THEIR OWN FUNERAL OR THE FUNERAL OF THOSE THEY LO		
2	Did the organization undertake any significant program services during the year which were not listed to the prior Form 990 or 990-EZ?	on Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program ser expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at the total expenses, and revenue, if any, for each program service reported.		
4a	TO PROVIDE EDUCATIONAL SERVICES FOR THE PUBLIC TO ACCESS VIA THE WEB IN ORDER DEATH AND THE DEATH INDUSTRY.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Re	evenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Re	evenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0 )	

159,785

		64819	F	age 3
Part	V Checklist of Required Schedules		1	1
	Letter annual attended in a still a FOA/s\/O\ or AOA7/s\/A\ /sthought and a single foundation \O IF II\/o II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	. 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<del>  ^</del>	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	. 4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			\ \
0	complete Schedule D, Part III	. 8		Х
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	. 9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	. 3		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		Х
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	ı	Х
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? If "Yes," complete Schedule D, Part VII	. 11b	)	Х
С	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	:	Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.0		\ \
•	reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	. 11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. 11e	1	
•	the organization's separate or consolidated infancial 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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	• • • • • • • • • • • • • • • • • • • •		
u	Schedule D, Parts XI and XII	. 12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"		1	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b	ı	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?			Х
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		\ <sub>V</sub>
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	. 11	+^	
	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	. 18	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

**20**b

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		X
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? If "Yes," complete Schedule J	23		Х
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 "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	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.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		<del>  ^</del>
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del>  ^</del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			<del>  ^</del>
0.1	III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Jou		<del>  ^</del>
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	005		<del>  ^</del>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•.	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			<del>  ^</del>
38	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	J0	_ ^	
Fal	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule C contains a response of note to any life in this Part V	• •		ᆜ
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	+		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		ĺ

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Χ
4a	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		_
7	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
	required to file Form 8282?	7c		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
''	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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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 "Ves " complete Form 6060			

Form 9	90 (2023) THE GOOD DEATH FOUNDATION 82-390			age 🔽
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		Χ
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		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b		Χ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_		
0 1	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	Χ
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.	) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
~	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	Х	
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		Х
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		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Х
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?	45-		V
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
-	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  X Upon request  Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	ıcy,		
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
40	otate the name, address, and telephone number of the person who possesses the organizations books and fecolds			

5300 SANTA MONICA BLVD SUITE 320, LOS ANGELES, CA 90029

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

· · · · · · · · · · · · · · · · · · ·					
Ţ		, ,			
Check this boy if neither the ergenization ner env related ergenization		otad any a	wront officer	diractor	ar truatas
i. Check inis box ii heilher ine organizalion nor anv relaleg organizalion	i Germoens	saleo anv ci	лиен ошсег	. airecioi.	or musiee.
Check this box if neither the organization nor any related organization				,,	

Check and box in Holard, and digamization for an	,			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- a a	, -	different officer, dif		-
<b>(A)</b> Name and title	(B) Average	(do r	not ch	neck	ition more	than on	ne an	( <b>D)</b> Reportable	(E) Reportable	(F) Estimated amount
Traine and the	hours	office	er and	dad	irecto	r/trustee	e)	compensation	compensation	of other
	per week				$\times$	Q I	Former	from the	from related	compensation
	(list any	효항	SE	Officer	e	분열	mı	organization (W-2/	organizations (W-2/	from the
	hours for	idu rec	E.	<b>e</b>	em	o est	ē	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	related organizations	or a	ma		plo	# 8		1099-NEC)	1099-NEC)	related organizations
	below	SnJ	5		Key employee	- ng				
	below dotted line)	Individual trustee or director	Institutional trustee			Sus				
			ď		l I	Highest compensated employee				
		V				0				
(1) SARAH STEVENS	40.00									
EXECUTIVE DIRECTOR	0.00			Х				64,995		
(2) CAITLIN DOUGHTY	20.00									
EXECUTIVE DIRECTOR	0.00			Х				4,800		
				^				4,000		
(3) JEFF JORGENSON	2.00	1								
BOARD MEMBER	0.00	Χ								
(4)										
(5)										
-107										
(0)										
(6)	ļ									
(7)										
(8)										
-14/	<del> </del>									
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(10)										
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//=>										
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	T									
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			<u> </u>							

	990 (2023) THE GOOD DEATH FOUNDA								82-396		Pa	age <b>8</b>
Pá	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	giH t	ghest (	Compensated En	nployees (contin	ued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck s pe	more rson is irector	than one as both as r/trustee Highest compensated employee	Reportable compensation	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	cor	(F) nated am of other mpensation from the unization	on and
(15)							4		4			
(16)						4	7	•				
(17)					<u> </u>	X						
(18)				_'	),	7						
(19)			,	)	,							
(20)				,			1	D				
(21)				*								
(22)		62	*									
(23)				Ì								
(24)		/										
(25)		1										
1b	Subtotal		L					69,795	0			0
С	Total from continuation sheets to Part VII, So	ection A						0	1			0
d	Total (add lines 1b and 1c)							69,795				0
2	Total number of individuals (including but not ling reportable compensation from the organization		sted a	ıbov	e) v	vho r	eceive	ed more than \$100	0,000 of			0
3	Did the organization list any <b>former</b> officer, dire	ector, trustee, ke	y em	oloy	ee,	or hi	ghest	compensated			Yes	No
	employee on line 1a? If "Yes," complete Sched	lule J for such in	dividu	ıal .			·			3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.											
5	individual	•			•			•		4		X
	for services rendered to the organization? If "Ye	es," complete So	chedu	ıle J	for	such	n perso	on		5		Χ
-	tion B. Independent Contractors						l4		<b>#</b> 400 000 f			
1	Complete this table for your five highest compe compensation from the organization. Report co									ax ye	ar.	
	(A) Name and business add	ress						(B) Description of se	vices (	(C Comper		
NON	E											0
												0
												0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			$\square$
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns	0				3600013 312-314
ŋ, G	С	Fundraising events 1c	6,180				
ifts ır A	d	Related organizations 1d	0				
s, G nila	е	Government grants (contributions) 1e	0				
ion Si	f	All other contributions, gifts, grants, and	400.000				
but		similar amounts not included above 1f	139,390				
ntri A O	g	Noncash contributions included in	ф C 400	1			
Co	h	Iines 1a–1f	\$ 6,180	145,570			
	"	Total. Aud lines 1a-11	Business Code	143,370		*	
e	2a						
e Š	b			0			
Se	С			0	)		
ıram Ser Revenue	d			0			
Program Service Revenue	е	·		0			
P	f	All other program service revenue		0			
	g_	Total. Add lines 2a–2f.	· · · · · · · · · · · · · · · · · · ·	0			
	3	Investment income (including dividends, interest other similar amounts)	., and	791			791
	4	Income from investment of tax-exempt bond pro	ceeds	0			731
	5	Royalties	) / .	0			
		(i) Real	(ii) Personal				
	6a	Gross rents <b>6a</b>					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c 0	0				
	d 7a	Net rental income or (loss)	 (ii) Other	0			
	<i>i</i> a	sales of assets	(ii) Outor				
		other than inventory . <b>7a</b>	0				
ne	b	Less: cost or other basis	_				
Revenue		and sales expenses 7b 0	0				
Re	С	Gain or (loss) 0	0				
Other	d	j ' '		0			
₽	8a	Gross income from fundraising events (not including \$ 6,180					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	14,499				
	b	Less: direct expenses 8b	0				
		Net income or (loss) from fundraising events		14,499			
	9a	Gross income from gaming activities.					
	h	See Part IV, line 19.         9a           Less: direct expenses         9b	0				
	b C	Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less					
		returns and allowances 10a	44,753				
	b	Less: cost of goods sold 10b	955				
	С	Net income or (loss) from sales of inventory		43,798			
Sn			Business Code	100			
eo Iue			900099	129			
scellaneo Revenue	b c			0			
Miscellaneous Revenue	d	All other revenue		0			
Ξ	e	<b>Total.</b> Add lines 11a–11d		129			
	12	Total revenue. See instructions		204,787	0	0	791

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	) organizations must comp	lete all columns. All other or	rganizations must com	plete column (A)	).
	,		garn=arrerre mast com	p	/ •

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	69,795	66,305	3,490					
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	51,495	48,920	2,575					
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	2,542	0.445	407					
9	Other employee benefits		2,415	127					
10	Payroll taxes	9,846	9,354	492					
11	Fees for services (nonemployees):	0							
a	Management	0							
b	Accounting	7,930		7,930					
d	Lobbying	0		7,930					
e	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
J	(A), amount, list line 11g expenses on Schedule O.)	18,738	17,801	937					
12	Advertising and promotion	0	,						
13	Office expenses	4,641	4,409	232					
14	Information technology	7,797	7,407	390					
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0	0	0					
22	Depreciation, depletion, and amortization	0	0	0	0				
23 24	Insurance	U							
47	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а	TELEPHONE AND INTERNET	90	86	5					
b	MISCELLANEOUS	3,251	3,088	163					
C		3,231	2,230	.30					
d		0							
е	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	176,125	159,785	16,341	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)								

82-3964819

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	10,880	1	38,751
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons		5	
	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)	0	6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
₹	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	43,586	11	55,044
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	54,466	16	93,795
	17	Accounts payable and accrued expenses	0	17	,
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Эþ		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ś		Organizations that follow FASB ASC 958, check here X			
ည		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	54,466	27	93,795
Ã	28	Net assets with donor restrictions	0 1, 100	28	00,100
pu		Organizations that do not follow FASB ASC 958, check here	J		
Ī		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ţ	32	Total net assets or fund balances	54,466	32	93,795
Š	33	Total liabilities and net assets/fund balances	54,466		93,795
	- 00	rotal habilitios and not assets/fully balances	5-,-00	-	- 000

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		204	,787
2	Total expenses (must equal Part IX, column (A), line 25)	2		176	3,125
3	Revenue less expenses. Subtract line 2 from line 1	3		28	3,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		54	,466
5	Net unrealized gains (losses) on investments	5		10	),667
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	•	10		03	3,795
Part	column (B))	197		30	0,730
	Check if Schedule O contains a response or note to any line in this Part XII			.	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method 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		Χ
	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		Χ
	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 on				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Χ
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 on Schedule O and describe any steps taken to undergo such audits.		3b		
	required addit of addits, explain why off scriedule of and describe any steps taken to undergo such addits.			990	(2023)
			FOIIII	<b>330</b> (	(2023)
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number 82-3964819

THE	GO	OD DEATH FOUNDATION					82-39	64819
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
	orga	inization is not a private foundat	•	•	-		•	
1		A church, convention of church	es, or association o	f churches described in	n <b>section</b>	170(b)(1)(	(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hos	pital service organiz	ation described in <b>sec</b>	tion 170(l	b)(1)(A)(iii	i).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
	hospital's name, city, and state:							
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in			II.)			
9	Ħ	An agricultural research organiz				d in conjur	action with a land-dra	ant college
3	Ш	or university or a non-land-gran						
		university:						· ·
10	Χ	An organization that normally re	eceives (1) more that	an 33 1/3% of its suppo	ort from co	ontribution	s, membership fees,	and gross
		receipts from activities related t support from gross investment						
		acquired by the organization af						sses
11		An organization organized and						
12		An organization organized and			-			ho nurnosos of
12	Ш	one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a	)(1) or sec	ction 509(	a)(2). See section 5	09(a)(3).
а		Type I. A supporting organiz	ation operated, sup	ervised, or controlled b	y its supp	orted orga	anization(s), typically	by giving
		the supported organization(s			majority of	of the direc	ctors or trustees of th	e supporting
	Г	organization. You must con					-liti(-) lev	la avida a
b	L	Type II. A supporting organic control or management of the	zauon superviseu oi le supporting organi	zation vested in the sa	me nerso	ns that co	u organization(s), by	naving supported
		organization(s). You must c			ino porco	no that oo	na or or manage are	oupportou
С		Type III functionally integra			n connect	ion with, a	and functionally integ	rated with,
	-	its supported organization(s		-			•	
d	L	Type III non-functionally in						
		that is not functionally integr requirement (see instruction						entiveness
е	Ī	Check this box if the organiz		·				e III
·	L	functionally integrated, or Ty					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O 111
f		Enter the number of supported						0
g		Provide the following information			<b>.</b>	-		
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	-	ment?	instructions)	instructions)
						i .		
					Yes	No		
(A)								
(B)								
(B)								
(C)								
(-)								
(D)								
					<u> </u>			
(E)								
<b>Tota</b>							0	0

Sche	edule A (Form 990) 2023 THE GOC	D DEATH FOUN	DATION			82-3964819	Page <b>2</b>
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sec	tions 170(b)(1)	(A)(iv) and 170	0(b)(1)(A)(vi)	
	(Complete only if you check	ed the box on li	ine 5, 7, or 8 o	f Part I or if the	organization fai	led to qualify und	er
	Part III. If the organization fa	ails to qualify ur	nder the tests li	sted below, ple	ase complete P	art III.)	
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid					<b>A</b>	
	to or expended on its behalf						0
3	The value of services or facilities				,		
	furnished by a governmental unit to the			•			
	organization without charge			4			0
4	Total. Add lines 1 through 3	0	C	0	0	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on			1			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
7	Amounts from line 4	0	C	0	0	0	0
8	Gross income from interest, dividends,	C					
	payments received on securities loans,		/ / .				
	rents, royalties, and income from	( )					
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is	( )					
	regularly carried on	• • •					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s				· ·	12	
13	First 5 years. If the Form 990 is for the orga		cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)		T
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su						
14	Public support percentage for 2023 (line 6, o					14	0.00%
15	Public support percentage from 2022 Scheo	lule A, Part II, line 1	14			15	0.00%
16a	33 1/3% support test—2023. If the organize						
	and <b>stop here</b> . The organization qualifies a	s a publicly suppor	ted organization .				
b	33 1/3% support test—2022. If the organize	ation did not check	a box on line 13	or 16a, and line 15	is 33 1/3% or more	, check this	
	box and stop here. The organization qualifi	es as a publicly su	pported organizati	on			[
17a	10%-facts-and-circumstances test—202	3. If the organizatio	n did not check a	box on line 13, 16a	, or 16b, and line 14	4	
	10% or more, and if the organization meets	the facts-and-circu	mstances test, che	eck this box and <b>st</b> o	op here. Explain in		
	Part VI how the organization meets the facts		es test. The organi	zation qualifies as a	a publicly supported	I	1
_	organization						
b	10%-facts-and-circumstances test—202: 15 is 10% or more, and if the organization m	-					
		ino idolo dila	Jan 15 tan 1000 to	, and box at	JUD HOLD. LAPI	·····	

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	273,269	364,472	496,618	172,507	145,570	1,452,436
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	65,076	21,623	8,412	58,173	59,252	212,536
3	Gross receipts from activities that are not an	,	,	,	·		•
	unrelated trade or business under section 513				4		(
4	Tax revenues levied for the			•			
	organization's benefit and either paid to			4			
	or expended on its behalf						(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	338,345	386,095	505,030	230,680	204,822	1,664,972
	Amounts included on lines 1, 2, and 3				,	- ,-	, , -
	received from disqualified persons						(
h	Amounts included on lines 2 and 3		-\/		<b>7</b>		
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	4					(
_	Add lines 7a and 7b	0	<b>*</b> 0	0	0	0	
8	Public support (Subtract line 7c from	<u>C</u>		. 0	0	- U	
0	line 6.)						1,664,972
Sec	ction B. Total Support						1,004,012
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	338,345	386,095	505,030	` '	204,822	1,664,972
-	Gross income from interest, dividends,	000,010	330,000	000,000	200,000	201,022	1,001,012
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources					791	791
h	Unrelated business taxable income (less					701	10
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
_	Add lines 10a and 10b	0	0	0	0	791	791
11	Net income from unrelated business	0	0	0	0	731	13
•••	activities not included on line 10b, whether	X \					
	or not the business is regularly carried on .						(
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)					129	129
13	Total support. (Add lines 9, 10c, 11,					123	123
13	and 12.)	338,345	386,095	505,030	230,680	205,742	1,665,892
14	First 5 years. If the Form 990 is for the orga				•		1,000,092
1-7	organization, check this box and <b>stop here</b>			-			
500	ction C. Computation of Public Su						· · · · · <u>_</u>
	Public support percentage for 2023 (line 8, c			( <b>f</b> \)		15	99.94%
15 16	Public support percentage from 2022 Sched	• •	•	. ,,		16	100.00%
16 Sec	ction D. Computation of Investmen			<u> </u>		10	100.0076
				olumn (f))		17	0.05%
17 19	Investment income percentage for 2023 (line					18	0.05%
18 19a	Investment income percentage from 2022 S 33 1/3% support tests—2023. If the organi						0.00%
134	not more than 33 1/3%, check this box and s						X
h	33 1/3% support tests—2022. If the organi				-		[^
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did		_				
			,,	,			

82-3964819

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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.
- 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.)

	Yes	No
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
•		
9a		
9b		
0-		
9c		
10a		
10b		
edule A (Fo	rm 990	2023

Part I	V Supporting Organizations (continued)			Ŭ
		_	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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
	Silver type in earpertung enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
			Yes	No
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?	1		
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).	2		
3	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	J	<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	e)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	5.1011	<b>J</b> ).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization is the parent of each of its supported organizations. Complete line of science.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see		\	
С		mstruct		<del></del>
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 exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	a		
~	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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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 <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		•
instructions. All other Type III non-functionally integrated supporting orga	nızatı	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(орионат)
Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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)	4 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			, , , ,
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	C
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	C
6 Multiply line 5 by 0.035.	6	0	C
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		C
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		C
4 Enter greater of line 2 or line 3.	4		C
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		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting o	organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)						
Section	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1						
2									
	organizations, in excess of income from activity  2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  3								
3	Administrative expenses paid to accomplish exempt purpos								
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5						
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7	0					
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive						
	(provide details in Part VI). See instructions.	4	8						
9	Distributable amount for 2023 from Section C, line 6		9	0					
10	Line 8 amount divided by line 9 amount		10	0.000					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6			0					
2	Underdistributions, if any, for years prior to 2023								
	(reasonable cause required—explain in Part VI). See								
-	instructions.								
3	Excess distributions carryover, if any, to 2023	Y							
a	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e	0							
g	Applied to underdistributions of prior years		0						
h	Applied to 2023 distributable amount			0					
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0							
4	Distributions for 2023 from								
-	Section D, line 7: \$ 0		_						
<u>a</u>	Applied to underdistributions of prior years		0						
	Applied to 2023 distributable amount			0					
c	Remainder. Subtract lines 4a and 4b from line 4.	0							
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.		0						
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain								
	in Part VI. See instructions.			0					
7	Excess distributions carryover to 2024. Add lines 3j	_							
	and 4c.	0							
8	Breakdown of line 7.								
a	Excess from 2019								
b									
d	Excess from 2022								
u	LAUGOO II UIII ZUZU								

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.)
	O V

#### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection
Employer identification number

Name o	f the organization					Employer identificati	on number		
THE GOOD DEATH FOUNDATION						82-3964819			
Par	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
1	Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
ı a	Mail solicitations	isea iurius iiriou			of non-government o				
b	X Internet and email solicitations				of government grant				
	Phone solicitations		=		raising events				
C			g L	peciai iuilu	raising events				
d	In-person solicitations								
2a	Did the organization have a written of key employees listed in Form 990, F						Yes X No		
b	If "Yes," list the 10 highest paid indiv		•	sers) pursua	ant to agreements u	nder which the fund	Iraiser is to		
	be compensated at least \$5,000 by	the organization			) (				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
1			Yes	No		0	0		
2			)		0	0	<u>~</u>		
3						-	0		
4		$\overline{}$			0	0	0		
5		<del>-\</del>			0	0	0		
6	C		O		0	0	0		
7					0	0	0		
8					0	0	0		
9		$\mathcal{O}_{\mathcal{L}}$			0	0	0		
10					0	0	0		
	<b>₩</b> (	•			0	0	0		
Total		<u></u>	. <b></b>		0	0	0		
3	List all states in which the organizati registration or licensing.	on is registered	or license	d to solicit o	contributions or has	been notified it is e	xempt from		
CA									

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Online Auction NONE (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . . . 20,679 20,679 Less: Contributions . . . 6,180 0 6,180 Gross income (line 1 minus line 2) . . . . . . 14,499 14,499 Cash prizes . . . . . . Noncash prizes . . . . . 0 Direct Expenses Rent/facility costs . . . . 0 Food and beverages . . . 0 0 Entertainment . . . . . 0 0 Other direct expenses . . Direct expense summary. Add lines 4 through 9 in column (d) 0) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue 0 Direct Expenses Cash prizes . 2 0 Noncash prizes . 0 Rent/facility costs 0 5 Other direct expenses 0 Yes Yes Volunteer labor No 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Sched	ule G (Form 990) 2023	THE GOOD DEATH FOUNDATION	82-39	64819	Page <b>3</b>
11	Does the organization co	onduct gaming activities with nonmembers?	[	Yes	No
12	•	ntor, beneficiary or trustee of a trust, or a member of a partnership or other entity aritable gaming?	$ abla$	Yes	No
13		of gaming activity conducted in:			_
а	The organization's facility	y	13a		%
b			13b		%
14	Enter the name and add records:	ress of the person who prepares the organization's gaming/special events books and	d C		
	Name				
	Address		<b>)</b>		
15a		ave a contract with a third party from whom the organization receives gaming		Yes	No
b	If "Yes," enter the amour	nt of gaming revenue received by the organization \$ 0 and the nue retained by the third party \$ 0	·	<u>_</u>	•
С		l address of the third party:			
	Name				
	Address				
16	Gaming manager inform	ation:			
	Name				
	Gaming manager compe	ensation \$0			
	Description of services p	provided			
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	-	red under state law to make charitable distributions from the gaming proceeds to	_		_
	retain the state gaming li			Yes	No
D		ributions required under state law to be distributed to other exempt organizations or also own exempt activities during the tax year \$			0
Part	V Supplemental	<b>Information</b> . Provide the explanations required by Part I, line 2b, columns	(iii) and	d (v): an	
		9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
		(7)			
		<b>/</b>			
		, 			

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE GOOD DEATH FOUNDATION	82-3964819
Form 990, Part VI, Section A, Line 8B: THE ORGANIZATION DOES NOT HAVE COMMI	ITEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	<u> </u>
Form 990, Part VI, Section B, Line 11B: FORM 990 IS REVIEWED BY THE DIRECTOR F	PRIOR TO SIGNING
THE RETURN.	
Form 990, Part VI, Section C, Line 19: FORM 990 IS AVAILABLE UPON REQUEST.	
Form 990, Part IX, Line G: PAYROLL PROCESSING \$631.00 and PROFESSIONAL SEF	VICES - SOCIAL MEDIA
\$18,107.00	
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Name of the organization	Employer identification number
THE GOOD DEATH FOUNDATION	82-3964819
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