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L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 67,800

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	67,782	
	2	Program service revenue including government fees and contracts		2	0	
	3	Membership dues and assessments		3	0	
	4	Investment income		4	18	
	5a	Gross amount from sale of assets other than inventory	5a	0	5c	0
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events			6d	0
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0		
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)				
	c	Less direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a	0	7c	0
b	Less cost of goods sold	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	67,800	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0	
	11	Benefits paid to or for members		11	0	
	12	Salaries, other compensation, and employee benefits		12	10,511	
	13	Professional fees and other payments to independent contractors		13	1,742	
	14	Occupancy, rent, utilities, and maintenance		14	886	
	15	Printing, publications, postage, and shipping		15	5,300	
	16	Other expenses (describe in Schedule O)		16	22,353	
	17	Total expenses. Add lines 10 through 16		17	40,792	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	27,008	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-62,988	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	-35,980	

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	3,943	22	5,042
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	3,943	25	5,042
26	Total liabilities (describe in Schedule O)	66,931	26	41,022
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	-62,988	27	-35,980

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose?		Expenses	
To provide information, education, research, and support for the preservation, implementation and promotion of the Oregon Death with Dignity law as a stimulus to nationwide improvements in end-of-life care and as a final option for dying individuals		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	Public Education Through the public education program, we provided information and educational materials about the Oregon and Washington Death with Dignity laws to individuals nationwide. We provided educational materials through our website, acting as a trusted resource for legal and historical research. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	11,530
29	Communication This program promotes Oregon's Death with Dignity law and other end-of-life care issues to a national audience through the media. Important target audiences included public officials and policy decision-makers, individuals who are terminally ill and their family members and physicians. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,283
30	Oregon Plus One During the year ended March 31, 2011, through our core service, the Oregon Plus One Program, Oregon Death with Dignity Political Action Fund lent its expertise in public policy analysis to citizens, public officials, and end-of-life experts interested in the Oregon and Washington Death with Dignity experience. We provided information about the latest statistics and research, and we provided data concerning implementation of the law. We provided resources regarding the law's impact on the medical profession, and we assisted with research and analysis of public policy data. Consistent with the goal of the program, we provided assistance and disseminated information to individuals in other states which are looking to enhance end-of-life care for the terminally ill. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	22,000
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	34,813

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b	No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No		
41	List the states with which a copy of this return is filed ▶ OR				
42a	The organization's books are in care of ▶ Peg Sandeen Telephone no ▶ (503) 228-4415 520 SW 6th Avenue Suite 1220 Located at ▶ Portland, OR ZIP + 4 ▶ 97204				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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 any knowledge.

Sign Here	<div><div></div><div>Signature of officer</div></div>		<div><div>2011-07-21</div><div>Date</div></div>	
	<div><div><div>Peg Sandeen</div><div>Executive Director</div></div><div>Type or print name and title</div></div>			
Paid Preparer's Use Only	Preparer's signature <div></div>	Date	Check if self-employed <div></div>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div></div>			EIN <div></div>
				Phone no <div></div>

May the IRS discuss this return with the preparer shown above? See instructions

YesNo

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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Name of the organization OREGON DEATH WITH DIGNITY POLITICAL ACTION FUND	Employer identification number 93-1324899
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Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Bank fees and charges, \$196, insurance \$57, meetings and travel \$59, miscellaneous \$41 ODWDF provides support for grassroots organizing and public education about Oregon's experience with Death with Dignity laws, and during the fiscal year that ended 3/31/11 provided \$22,000 in contributions for Patient Choices at End of Life-Vermont in Shelburne, Vermont

Identifier	Return Reference	Explanation
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Inter-organizational liability

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 93-1324899
Name: OREGON DEATH WITH DIGNITY POLITICAL ACTION FUND

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dan Gregorie MD MBA 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Vice President Board Member 1	0	0	0
Carol Pratt PHD JD 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Treasurer Board Member 1	0	0	0
Eli D Stutsman JD 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Secretary Board Member 1	0	0	0
Charles Buzzy Baron LLB PHD 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Board Member 1	0	0	0
Timothy E Quill MD 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Board Member 1	0	0	0
Betty Rollin 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Board Member 1	0	0	0
David J Mayo PhD 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Board Member 1	0	0	0
Midge Levy MSW 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Board Member 1	0	0	0
Peg Sandeen 520 SW 6th Avenue Suite 1220 Portland, OR 97204	Executive Director 3	6,974	501	0