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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public
InspectionDepartment 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.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990A For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

B Check if applicable

 Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization

OREGON DEATH WITH DIGNITY POLITICAL FUND

Number and street (or P.O. box, if mail is not delivered to street address)

520 SW 6TH AVENUE

D Employer identification number

93-1324899

E Telephone number

5032284415

F Group Exemption

Number ►

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.DEATHWITHDIGNITY.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).K Form of organization: Corporation Trust Association OtherL 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **120,909.****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

1	Contributions, gifts, grants, and similar amounts received	1	120,909.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory		
b	Less: cost or other basis and sales expenses	5a	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5b	
6	Gaming and fundraising events	5c	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	120,909.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	87,102.
17	Total expenses. Add lines 10 through 16	17	87,102.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,807.
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	-107,880.
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	-74,073.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O

532171
12-02-15

15580307 781409 7065.01

1
2015.05050 OREGON DEATH WITH DIGNITY 7065.011

Form 990-EZ (2015)

67

18

Part II Balance Sheets (see the instructions for Part II)

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

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,141.	85,955.
23 Land and buildings	22	
24 Other assets (describe in Schedule O)	23	
25 Total assets	24	
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	36,141.	85,955.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	144,021.	160,028.
	-107,880.	-74,073.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
Required for section
11(c)(3) and 501(c)(4)
organizations; optional for
others.)

28	<u>SEE SCHEDULE O</u>			
29	<u>SEE SCHEDULE O</u>	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 66,847.
30	<u>SEE SCHEDULE O</u>	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 2,544.
31	Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a 14,916.
32	Total program service expenses (add lines 28a through 31a)	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a 32 84,307.

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

1

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

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

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file Form 1120-POL for this year? 37b

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? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. 40d

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

41 List the states with which a copy of this return is filed ► NONE42a The organization's books are in care of ► PEG SANDEENTelephone no. ► 503-228-4415Located at ► 520 SW 6TH AVENUE, SUITE 1220, PORTLAND, ORZIP + 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)? 42b

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b 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 may need to be completed instead of Form 990-EZ (see instructions) 45b

		<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> 46	<input checked="" type="checkbox"/> X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>

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 title of each employee N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 must attach a completed Schedule A ► Yes No

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.

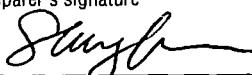
Sign Here

Signature of officer

► **PIRG SANDEEN, EXECUTIVE DIRECTOR**

Date

3/10/2017

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SANG AHN		03/07/17	<input type="checkbox"/>	P00540880
	Firm's name ► MCDONALD JACOBS, P.C.				Firm's EIN ► 93-0900579
	Firm's address ► 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204				Phone no. (503) 227-0581

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Form 990-EZ (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

OREGON DEATH WITH DIGNITY POLITICAL FUND

Employer identification number
93-1324899

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
PROGRAM SERVICE EXPENSES	84,307.
MANAGEMENT AND GENERAL	431.
FUNDRAISING	2,364.
TOTAL TO FORM 990-EZ, LINE 16	87,102.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	17,750.	31,750.
INTERORGANIZATION PAYABLE	126,271.	128,278.
TOTAL TO FORM 990-EZ, LINE 26	144,021.	160,028.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE DEATH WITH
DIGNITY LAWS BASED ON OUR MODEL LEGISLATION, THE OREGON DEATH WITH
DIGNITY ACT, BOTH TO PROVIDE AN OPTION FOR DYING INDIVIDUALS AND TO
STIMULATE NATIONWIDE IMPROVEMENTS IN END-OF-LIFE CARE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING THE YEAR ENDED MARCH 31, 2016, THIS PROGRAM

PROMOTED THE OREGON LAW AS A MODEL FOR OTHER STATES

ACTIVELY SEEKING TO PASS DEATH WITH DIGNITY LAWS. WITH

NEARLY 20 YEARS OF SUCCESSFUL IMPLEMENTATION, THERE IS GROWING MOMENTUM

FOR DEATH WITH DIGNITY POLICY REFORM. THE DEATH WITH DIGNITY POLITICAL

FUND LENT ITS LEGAL AND POLITICAL EXPERTISE TO GRASSROOTS CITIZENS,

LEGISLATORS AND END-OF-LIFE EXPERTS. THIS YEAR, THE PROGRAM SUPPORTED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Employer identification number
93-1324899

ACTIVITIES IN COLORADO, HAWAII, MARYLAND, THE DISTRICT OF COLUMBIA, AND
MAINE.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC EDUCATION: THROUGH THE PUBLIC EDUCATION PROGRAM, WE
PROVIDED INFORMATION AND EDUCATIONAL MATERIALS ABOUT DEATH
WITH DIGNITY TO INDIVIDUALS NATIONWIDE. WE HELPED
TERMINALLY ILL INDIVIDUALS UNDERSTAND THEIR END-OF-LIFE CARE OPTIONS,
AND WE PROVIDED INFORMATION AND REFERRALS TO FAMILY MEMBERS AND CARE
PROVIDERS. OUR WEBSITE IS A TRUSTED SOURCE FOR STUDENTS, LEGISLATORS,
MEMBERS OF THE MEDIA, AND THE GENERAL PUBLIC.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNICATION: THIS PROGRAM PROMOTED DEATH WITH DIGNITY
LAWS BASED ON OREGON'S MODEL LEGISLATION AND OTHER
END-OF-LIFE CARE ISSUES TO A NATIONAL AUDIENCE. IMPORTANT
TARGET AUDIENCES INCLUDED PUBLIC OFFICIALS AND POLICY DECISION-MAKERS,
INDIVIDUALS WHO ARE TERMINALLY ILL AND THEIR FAMILY MEMBERS, AND
PHYSICIANS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.