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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

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/form990

A For the 2016 calendar year, or tax year beginning		APR 1, 2016	and ending	MAR 31, 2017
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		THE DEATH WITH DIGNITY POLITICAL FUND Number and street (or P O. box, if mail is not delivered to street address) 520 SW 6TH AVENUE Room/suite City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97204		93-1324899
				E Telephone number 5032284415
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				
I Website: ► WWW.DEATHWITHDIGNITY.ORG				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other				
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 81,586.				
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 <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	81,586.	
	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	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events	6a		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b		
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)	6c			
c Less: direct expenses from gaming and fundraising events	6d			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e			
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	81,586.		
Expenses	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	105,285.	
	17 Total expenses. Add lines 10 through 16	17	105,285.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,699.	
	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	-74,073.	
	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	-97,772.	
	SEE SCHEDULE O			

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2016)

86

13

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SEARCHED AUG 02 2017

Revenue

Expenses

Net Assets

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.

1

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	85,955.	22 39,507.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	85,955.	25 39,507.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	160,028.	26 137,279.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-74,073.	27 -97,772.

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 II.

44

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
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28	SEE SCHEDULE O		
29	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 12,488.
	SEE SCHEDULE O		
30	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 54,983.
	SEE SCHEDULE O		
31	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
	Other program services (describe in Schedule O)		
32	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 67,471.

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.

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

	Yes	No
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	X
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	X
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	X
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	35b	N/A
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	35c	X
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	X
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	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	
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	40b	X
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.	
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.	
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	X
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The organization's books are in care of ► <u>PEG SANDEEN</u> Telephone no. ► <u>503-228-4415</u> Located at ► <u>520 SW 6TH AVENUE, SUITE 1220, PORTLAND, OR</u> ZIP + 4 ► <u>97204</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► _____	42c	X
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	

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

	Yes	No
46		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

	Yes	No
47	47	
48	48	
49a	49a	
b	49b	
50		

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	(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
N/A				

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.

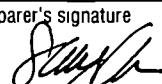
Sign Here

Signature of officer

Date 7/17/17

PEG SANDEEN, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name SANG AHN	Preparer's signature 	Date 7/17/17	Check <input type="checkbox"/> if self-employed	PTIN 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 (2016)

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

2016
Open to Public
Inspection

Name of the organization **THE DEATH WITH DIGNITY POLITICAL FUND** Employer identification number **93-1324899**

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PROGRAM SERVICE EXPENSES	67,471.
MANAGEMENT AND GENERAL	20,865.
FUNDRAISING	16,949.
TOTAL TO FORM 990-EZ, LINE 16	105,285.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	31,750.	31,938.
INTERORGANIZATION PAYABLE	128,278.	105,341.
TOTAL TO FORM 990-EZ, LINE 26	160,028.	137,279.

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, 2017, THE DEATH WITH
DIGNITY POLITICAL FUND 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.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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.

Name of the organization

THE DEATH WITH DIGNITY POLITICAL FUND

Employer identification number
93-1324899

THIS YEAR, THE PROGRAM SUPPORTED ACTIVITIES IN COLORADO, THE DISTRICT OF COLUMBIA, HAWAII, MAINE, AND NEVADA. IN NOVEMBER 2016, COLORADO VOTERS PASSED A DEATH WITH DIGNITY LAW, THE END OF LIFE OPTIONS ACT, BY A 2 TO 1 MARGIN. IN FEBRUARY 2017, THE DISTRICT OF COLUMBIA PASSED ITS OWN DEATH WITH DIGNITY LAW. OUR STAFF WORKED FOR MORE THAN TWO YEARS WITH D.C. COUNCILMEMBERS TO MOVE THE BILL THROUGH THE COUNCIL, AND ENGAGED GRASSROOTS CITIZENS IN STRATEGIC EFFORTS TO ADVOCATE AND GALVANIZE SUPPORT FOR THE BILL.

FORM 990-EZ, PART III, LINE 29, 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 III, LINE 30, 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.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

Name of the organization

THE DEATH WITH DIGNITY POLITICAL FUND

Employer identification number
93-1324899

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.