

Form 990EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DEATH WITH DIGNITY POLITICAL FUND

Number and street (or P O box, if mail is not delivered to street address) Room/suite
520 SW 6TH AVENUE NO 1220
City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, OR 97204

D Employer identification number
93-1324899
E Telephone number
(503) 228-4415
F Group Exemption Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ☐
H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.DEATHWITHDIGNITY.ORG
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ 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 \$ 83,526

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	83,526
	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		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions 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	83,526
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	72,495
	13	Professional fees and other payments to independent contractors	13	41,212
	14	Occupancy, rent, utilities, and maintenance	14	5,874
	15	Printing, publications, postage, and shipping	15	623
	16	Other expenses (describe in Schedule O)	16	17,824
	17	Total expenses. Add lines 10 through 16	17	138,028
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-54,502
	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	-116,173
	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	-170,675

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2018)

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 ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	57,785	22	53,684
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	57,785	25	53,684
26 Total liabilities (describe in Schedule O).	173,958	26	224,359
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-116,173	27	-170,675

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 III ☒

What is the organization's 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

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 Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32

Total program service expenses (add lines 28a through 31a)

32

98,748

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GEORGE EIGHMEY JD	2 00	0	0	0
PRESIDENT, BOARD MEMBER				
CAROL PRATT PHD JD	1 00	0	0	0
VICE PRESIDENT, BOARD MEMB				
STEPHEN DUNN	1 00	0	0	0
TREASURER				
ELI STUTSMAN JD	1 00	0	0	0
SECRETARY, BOARD MEMBER				
MIDGE LEVY	1 00	0	0	0
BOARD MEMBER				
PEG SANDEEN MSW	2 00	0	0	0
EXECUTIVE DIRECTOR				

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 Schedule 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	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
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	No
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	
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	No
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 ▶ 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?	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), 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	No
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	No
41 List the states with which a copy of this return is filed ▶		
42a		
The organization's books are in care of ▶ PEG SANDEEN Telephone no ▶ (503) 228-4415		
Located at ▶ 520 SW 6TH AVENUE SUITE 1220 PORTLAND , OR ZIP + 4 ▶ 97204		
	Yes	No
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	No
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 the U S ?	42c	No
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
	Yes	No
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	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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	

		Yes	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	46	No

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	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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

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 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	2019-07-16 Date
	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	Check <input type="checkbox"/> if self-employed	PTIN P00540880
	Firm's name ► MCDONALD JACOBS PC			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**

Additional Data

Software ID:
Software Version:
EIN: 93-1324899
Name: DEATH WITH DIGNITY POLITICAL FUND

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 DURING THE YEAR ENDED MARCH 31, 2019, THE DEATH WITH DIGNITY POLITICAL FUND PROMOTED THE OREGON LAW AS A MODEL FOR OTHER STATES ACTIVELY SEEKING TO PASS DEATH WITH DIGNITY LAWS THERE IS AMPLE EVIDENCE DEATH WITH DIGNITY LAWS WORK AS INTENDED, BASED ON MORE THAN 20 YEARS OF SUCCESSFUL IMPLEMENTATION IN OREGON, A DECADE IN WASHINGTON STATE, AND SIX YEARS IN VERMONT THIS FLAWLESS TRACK RECORD, COMBINED WITH A GROWING NUMBER OF STATES ADOPTING AID-IN-DYING LAWS, HAS GROWN SUPPORT FOR END-OF-LIFE POLICY REFORM NATIONWIDE IN MARCH 2019, THE NEW JERSEY LEGISLATURE BECAME THE EIGHTH JURISDICTION TO PASS A DEATH WITH DIGNITY LAW, AND THE FIFTH TO DO SO SINCE 2015 A CLEAR INDICATION THE DEATH WITH DIGNITY MOVEMENT IS GAINING MOMENTUM AND RAISING AWARENESS ABOUT THE IMPORTANCE OF PROVIDING A RANGE OF MEDICAL OPTIONS FOR INDIVIDUALS IN THE FINAL STAGES OF A TERMINAL ILLNESS 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 ACTIVITIES IN MAINE, MARYLAND, NEVADA, NEW MEXICO, AND NEW YORK IN MAINE, WE HELPED FORM A GRASSROOTS POLITICAL ACTION COMMITTEE, MAINE DEATH WITH DIGNITY, AND WORKED WITH STATE-BASED ADVOCATES TO GATHER MORE THAN 70,000 SIGNATURES TO PLACE A DEATH WITH DIGNITY MEASURE ON THE 2020 STATE BALLOT IN TANDEM, WE WORKED WITH MAINE LEGISLATORS TO DEVELOP A STRATEGY FOR MOVING A BILL THROUGH THE STATE LEGISLATURE WE STRENGTHENED OUR MULTI-YEAR RELATIONSHIPS WITH LAWMAKERS AND LOBBYISTS IN NEVADA AS WE PUSHED FOR PASSAGE OF A LAW, PROVIDED TECHNICAL ASSISTANCE TO GRASSROOTS ADVOCATES IN NEW MEXICO, AND SENT EXPERTS TO TESTIFY AT LEGISLATIVE HEARINGS IN MARYLAND AND NEW YORK (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	78,954

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>29 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 LOCAL AND NATIONAL MEDIA OUTLETS SUCH AS THE ECONOMIST AND THE WASHINGTON POST FEATURED INTERVIEWS WITH OUR STAFF AND BOARD MEMBERS IN STORIES ABOUT THE STATE OF THE DEATH WITH DIGNITY MOVEMENT IN THE U S</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	29a	19,794

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: DEATH WITH DIGNITY POLITICAL FUND

EIN: 93-1324899

Declaration: 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

DEATH WITH DIGNITY POLITICAL FUND

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

93-1324899

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL AND MEETINGS AMOUNT 12,328 DESCRIPTION OFFICE EXPENSES AMOUNT 5,496 TOTAL TO FORM 990-EZ, LINE 16 17,824

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 31,931 END OF YE AR AMOUNT 31,938 DESCRIPTION INTERORGANIZATION PAYABLE BEG OF YEAR AMOUNT 142,027 E ND OF YEAR AMOUNT 192,421