

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning APR 1, 2008 **and ending** MAR 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization OREGON DEATH WITH DIGNITY POLITICAL ACTION FUND Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 520 SW 6TH AVENUE, SUITE 1030 City or town, state or country, and ZIP + 4 PORTLAND, OR 97204	D Employer identification number 93-1324899 E Telephone number 503-228-4415 F Group Exemption Number ▶
--	---	---	---

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.DEATHWITHDIGNITY.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 65,521.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	40,636.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	24,885.
	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) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	65,521.	
Expenses	10 Grants and similar amounts paid (attach schedule) <u>STMT 4</u>	10	615,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	147,679.
	13 Professional fees and other payments to independent contractors	13	75,801.
	14 Occupancy, rent, utilities, and maintenance	14	13,259.
	15 Printing, publications, postage, and shipping	15	243.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)	16	14,653.
	17 Total expenses. Add lines 10 through 16	17	866,635.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-801,114.
	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	736,524.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-64,590.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		822,204.	22	34,039.
23 Land and buildings			23	
24 Other assets (describe ▶ <u>SEE STATEMENT 2</u>)		2,380.	24	0.
25 Total assets		824,584.	25	34,039.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 3</u>)		88,060.	26	98,629.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		736,524.	27	-64,590.

**OREGON DEATH WITH DIGNITY
POLITICAL ACTION FUND**

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

			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33			X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34			X
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, attach a statement explaining your reason for not reporting the income on Form 990-T.				
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a			X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36			X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>				
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 unpaid at the start of the period 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:				
a Initiation fees and capital contributions included on line 9	39a		N/A	
b Gross receipts, included on line 9, for public use of club facilities	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) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b			X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d Enter amount of tax on line 40c reimbursed by the organization				
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>SEE STATEMENT 11</u>				
42a The books are in care of ▶ <u>TERRY MILEY-MAYHEAD</u> Telephone no. ▶ <u>503-228-4415</u> Located at ▶ <u>520 SW 6TH AVENUE, SUITE 1030, 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)?	42b			X
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.				
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c			X
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			N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44			X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45			X

**OREGON DEATH WITH DIGNITY
POLITICAL ACTION FUND**

Form 990-EZ (2008)

93-1324899 Page 4

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?	49b	

50 Complete this table for the 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 N/A	(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

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the 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 N/A	(b) Type of service	(c) Compensation

Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here 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.

▶ Signature of officer _____ Date _____

▶ **PEG SANDEEN, EXECUTIVE DIRECTOR**
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's Identifying Number (See instr.) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **MCDONALD JACOBS, P.C.
520 SW YAMHILL, STE 500
PORTLAND, OR 97204**

EIN ▶ _____ Phone no. ▶ **503 227-0581**

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

OREGON DEATH WITH DIGNITY
POLITICAL ACTION FUND

Employer identification number

93-1324899

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization OREGON DEATH WITH DIGNITY POLITICAL ACTION FUND	Employer identification number 93-1324899
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
TELEPHONE	2,928.
OFFICE EXPENSE	79.
INSURANCE	1,469.
REPAIRS AND MAINTENANCE	2,249.
TRAVEL AND MEETINGS	6,879.
MISCELLANEOUS EXPENSE	1,049.
TOTAL TO FORM 990-EZ, LINE 16	14,653.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	666.	0.
PREPAID EXPENSES	1,714.	0.
TOTAL TO FORM 990-EZ, LINE 24	2,380.	0.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTERORGANIZATION PAYABLE	87,771.	91,408.
ACCOUNTS PAYABLE	289.	7,221.
TOTAL TO FORM 990-EZ, LINE 26	88,060.	98,629.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM GRANT YES ON 1-1000 COMMITTEE 4041 ROOSEVELT WAY NE SEATTLE, WA 98105	NONE	615,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		615,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

OREGON PLUS ONE: DURING THE YEAR ENDED MARCH 31, 2009, THE OREGON PLUS ONE PROGRAM PROMOTED THE OREGON LAW AS A MODEL FOR OTHER STATES ACTIVELY SEEKING TO PASS DEATH WITH DIGNITY LAWS SIMILAR TO OREGON'S. TEN YEARS OF SUCCESSFUL IMPLEMENTATION OF THE OREGON LAW, THE RECENT SUPREME COURT RULING, AND GROWING PUBLIC SUPPORT OF DEATH WITH DIGNITY HAVE BUILT MOMENTUM IN OTHER STATES, WHERE DEATH WITH DIGNITY POLITICAL ACTION FUND LENT ITS LEGAL AND POLITICAL EXPERTISE TO GRASSROOTS CITIZENS, LEGISLATORS AND END-OF LIFE EXPERTS. THIS YEAR, THE PROGRAM SUPPORTED THE WASHINGTON STATE INITIATIVE TO PASS A DEATH WITH DIGNITY LAW SIMILAR TO OREGON'S.

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 RESEARCH.

LOBBYING: THE ORGANIZATION WORKED THROUGH POLITICAL PROCESSES TO ACTIVELY REFORM LEGISLATION REGARDING END-OF-LIFE CARE FOR THOSE WHO ARE TERMINALLY ILL, PROMOTE DEATH WITH DIGNITY INITIATIVES IN STATES OTHER THAN OREGON, AND ADVOCATE FOR IMPROVED CARE AND TREATMENT OPTIONS FOR THE TERMINALLY ILL.

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.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS	EXPENSES
COMMUNICATION: THIS PROGRAM PROMOTED OREGON AND WASHINGTON DEATH WITH DIGNITY LAWS 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.	0.	1,248.
TOTAL TO FORM 990-EZ, LINE 31		1,248.

FORM 990-EZ LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 11
PART V, LINE 41

STATES
OR, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI