** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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/Form990 for instructions and the latest information.

A F	or th	e 2020 calendar year, or tax year beginning APR 1 , 2020	and ending	<u>M</u> AR 3.	1, 2021						
B c	Check if pplicab	le: C Name of organization		D Emp	loyer identific	cation number					
	Addre										
	Name	ge Doing business as		9:	93-1162366						
	□ Initial □ returr □ Final □ returr	Number and street (or P.U. box if mail is not delivered to street address) 5.2.0 SW 6.TH AVENTIF	Room/suit 1220		E Telephone number (503) 228-4415						
	termi		•		receipts \$	887,150.					
	Amer	nded DODMIAND OD 07204	_		H(a) Is this a group return						
	Appli					? Yes X No					
	pendi	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No						
$\overline{1}$	Гах-ех	rempt status: X 501(c)(3) 501(c) ()	(a)(1) or 52			list. See instructions					
		ite: ► WWW.DEATHWITHDIGNITY.ORG		_	oup exemption						
		forganization: X Corporation Trust Association Other	L Yea			1 State of legal domicile: OR					
	art I	Summary	, =								
	1	Briefly describe the organization's mission or most significant activities:	ROMOTION	OF DE	CATH WIT	TH DIGNITY					
Governance		LAWS.									
nar	2	Check this box if the organization discontinued its operations or o	disposed of mo	re than 25%	6 of its net ass	ets.					
Ver	3				1 1	6					
ၓ	4	Number of independent voting members of the governing body (Part VI, line				6					
م در	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)				9					
ij	6	Total number of volunteers (estimate if necessary)				10					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.					
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.					
					Year	Current Year					
_	8	Contributions and grants (Part VIII, line 1h)			31,552.	850,621.					
Je	9	Program service revenue (Part VIII, line 2g)		<u> </u>	0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			50,822.	36,398.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			20,821.	131.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			53,195.	887,150.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			20,000.	5,000.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		48	33,445.	482,377.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	3,210.								
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53	33,648.	309,248.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			37,093.	796,625.					
	19	Revenue less expenses. Subtract line 18 from line 12			26,102.	90,525.					
or es			1	Beainnina of	Current Year	End of Year					
Assets or	20	Total assets (Part X, line 16)	_		14,804.	4,520,519.					
ASS	21	Total liabilities (Part X, line 26)	_		33,517.	112,746.					
Net -	22	Net assets or fund balances. Subtract line 21 from line 20		3,58		4,407,773.					
Pa	art II	Signature Block				•					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying sch	nedules and state	ments, and to	the best of my	knowledge and belief, it is					
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepar	er has any kr	nowledge.						
Sigi	n	Signature of officer			Date						
Her		▶ PEG SANDEEN, EXECUTIVE DIRECTOR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN					
Paid	ı	SANG AHN			if self-employ	P00540880					
Prep	arer	Firm's name ► MCDONALD JACOBS, P.C.			Firm's EIN ▶	93-0900579					
Use	Only	Firm's address 520 SW YAMHILL ST., STE 500									
		PORTLAND, OR 97204			Phone no. (5	03) 227-0581					
Max	, tha I	PS discuse this return with the preparer shown above? See instructions				X Ves No					

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE DEATH WITH DIGNITY NATIONAL CENTER IS 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
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	DIGNITY50:
	DURING THE YEAR ENDING MARCH 31, 2021, THROUGH OUR CORE PROGRAM,
	DIGNITY50, DEATH WITH DIGNITY NATIONAL CENTER PROVIDED PUBLIC POLICY
	ANALYSIS TO STAKEHOLDERS INTERESTED IN THE DEATH WITH DIGNITY LAWS. WE
	RESPONDED TO PHONE, EMAIL, AND SOCIAL MEDIA QUERIES, PROVIDING
	ASSISTANCE SURROUNDING DEATH WITH DIGNITY AND RELATED TOPICS. WE SHARED
	THE LATEST STATISTICS AND RESEARCH, INCLUDING IMPLEMENTATION DATA.
	THROUGH OUR STATE LEADERSHIP INCUBATOR, WE CREATED RESOURCES,
	ESTABLISHED NEW PARTNERSHIPS, CONDUCTED TRAININGS, AND PROVIDED
	ONE-ON-ONE CONSULTATIONS TO GRASSROOTS ADVOCATES AND GROUPS NATIONWIDE.
	ONE ON ONE COMPOSITATIONS TO GRASSROOTS ADVOCATES AND GROOTS MATTORWIDE:
	242 214
4b	(Code:) (Expenses \$ 242,314. including grants of \$ 5,000.) (Revenue \$)
	PUBLIC EDUCATION:
	WE DISSEMINATED EDUCATIONAL MATERIALS ABOUT DEATH WITH DIGNITY LAWS,
	PROVIDED INFORMATION AND REFERRALS TO PATIENTS, MEDICAL PROFESSIONALS,
	AND OTHER STAKEHOLDERS, DISTRIBUTED OUR QUARTERLY NEWSLETTER CONTAINING
	STORIES ABOUT LEGISLATORS, ADVOCATES, AND PATIENTS, AND KEPT OUR
	WEBSITE UPDATED WITH NEWS AND PERTINENT INFORMATION RELATED TO THE
	DEATH WITH DIGNITY MOVEMENT. WE LAUNCHED THE STATE STATUTE NAVIGATOR, A
	TOOL FOR REVIEWING THE EXISTING DEATH WITH DIGNITY LAWS. IN RESPONSE TO
	COVID-19, WE ENGAGED MEDICAL EXPERTS IN PROVIDING RESOURCES AND
	ANSWERING FREQUENTLY ASKED QUESTIONS AND OUR SOCIAL WORK TEAM WORKED
	DIRECTLY WITH PATIENTS WITH COVID-19 OR WHO HAD CONCERNS ABOUT
	CONTRACTING IT. WE ALSO CREATED THE "LIFE FILE," THE MOST DOWNLOADED
40	(Code:) (Expenses \$ 109,058 • including grants of \$) (Revenue \$
	COMMUNICATION:
	WE PROMOTED DEATH WITH DIGNITY AND RELATED TOPICS, INCLUDING BREAKING
	NEWS, ON OUR WEBSITE, WEBCASTS, IN THE MEDIA, ON OUR SOCIAL MEDIA
	CHANNELS, AND IN PRINTED MATERIALS. WE PLACED SPECIAL EMPHASIS ON
	REACHING PUBLIC OFFICIALS AND POLICY DECISION-MAKERS, INDIVIDUALS WITH
	TERMINAL ILLNESS AND THEIR LOVED ONES, AND PHYSICIANS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 570,572.
	000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		Х
4	Section 501(c)(3) organizations. 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	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ . ,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZG.		
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Pid the approximation projection on affice and because the advice of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- ^ `
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₩
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	and the second s	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

032003 12-23-20

Page 4

- 0	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? If "Yes," complete Schedule M	30 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
5 7	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
032004	4 12-23-20	Form	990	(2020)

Form 990 (2020) DEATH WITH DIGNITY NATIONAL CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
b	If "Yes," enter the name of the foreign country	. (55.45)						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad				Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u> 5b		X			
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
ou			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8					
9	Sponsoring organizations maintaining donor advised funds.		Ů					
а	5111		9a					
b			9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
40-	amounts due or received from them.)	11b	40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		iou					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			_			
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
	If "Yes," complete Form 4720, Schedule O.		Fe	990	(0000)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			<u>.</u> .		X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point (one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	· ·			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		1	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = 1$	es," d	escribe		7.7	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	-	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				7.7	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		:11			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40		X
L	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial contents and a professional following the organization to evaluate the organization that the organization of the organization to evaluate the organization of the organization that the organization of the organizati	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401		
Soc	exempt status with respect to such arrangements? tion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AR, CA, C	'O C	יי דיו. כא דו	. VC	ΚΛ	MΣ
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	iu 990	- 1 (Oection 501(C)(3	ys only)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Apother's website X Upon request Other (/ .)		1 - 1 1 - O'			
40	X Own website X Another's website X Upon request Other (explain		,	.d fi	o i o i	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ontilet c	or interest policy, ar	iu finan	cial	
20	statements available to the public during the tax year.	ako as	d rooordo			
20	State the name, address, and telephone number of the person who possesses the organization's box PEG SANDEEN $-\ 503-228-4415$	าหร สก(a records 📂			
	520 SW 6TH AVENUE, SUITE 1220, PORTLAND, OR 97204					
033000	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	990	(2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Position check more than one			one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			s bot	n an	compensation	compensation	amount of
	week (list any	—	T		i ccioi/ii usie		100)	from the	from related organizations	other
	hours for	Individual trustee or director						organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe		(** 2/ 1888 *****************		and related
	below	vidual	Institutional trustee	Je.	Key employee	loyee	ner			organizations
	line)	lnd	lust	Officer	Key	High	Former			
(1) PEG SANDEEN	38.00									
EXECUTIVE DIRECTOR	2.00			Х				115,300.	0.	11,533.
(2) GEORGE EIGHMEY	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CAROL PRATT	1.00									
VICE PRESIDENT / TREASURER	1.00	Х		Х				0.	0.	0.
(4) ELI STUTSMAN	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(5) DEBORAH ZIEGLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MIDGE LEVY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) LISA VIGIL SCHATTINGER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
					_					
					_					
		-								
			\vdash	-	\vdash	\vdash				
		-								
		1								
			\vdash	\vdash	\vdash	\vdash				
		1								
					\vdash					
	1						<u> </u>	I		

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per		not c		ition more	1 than dis both		(D) Reportable compensation	(E) Reportable compensation		Est	(F) mated ount of
	week (list any hours for related organizations below line)	tee or director				Highest compensated sandylar s	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		comp fro orga and	ther ensation m the nization related nizations
		•										
1b Subtotal							<u> </u>	115,300.		0.	11	,533.
c Total from continuation sheets to Part VI	, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	115,300.		0.	11	,533.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											1	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si								hest compensated emp			3	X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	-
rendered to the organization? If "Yes." com Section B. Independent Contractors								organization or marve			5	Х
Complete this table for your five highest con										ensat	tion fror	n
the organization. Report compensation for t	ne calendar ye	eare	ridir	ig w	illi C	or wi	LMIM	(B)	ear.		(C)	
Name and business	address	NC	ONE	<u> </u>			_	Description of s	ervices	С	ompen	
							\dashv					
2 Total number of independent contractors (in	ŭ	ot lin	nited	d to t	_	_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				(,					O	90 (2020)

		Check if Schedule O contains a response of	or note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							000110110 0 12 0 1 1
nts		Federated campaigns 1a					
ira ou		Membership dues1b					
s, (Am		Fundraising events 1c					
뜵늍	C	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants (contributions) 1e					
i Si	f	All other contributions, gifts, grants, and					
b t		similar amounts not included above 1f	850,621.				
ÖĘ	ç		229,299.				
Sign	_	Total. Add lines 1a-1f	•	850,621.			
			Business Code	,			
	2 a						
Ş	2 6						
er ne	k						
n S	C						
Jrai Be	C						
Program Service Revenue	e						
- □	•	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		36,398.			36,398.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not reptal income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(.,, 0				
•	L	Less: cost or other basis					
ž		and sales expenses					
š	(Gain or (loss) 7c					
her Revenue		Net gain or (loss)	>				
<u>a</u>	8 8	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		and allowances 10a					
		Less: cost of goods sold 10b					
		•					
$\overline{}$		Net income or (loss) from sales of inventory	Business Code				
SI		CONFEDENCE DECICEDATIO	900099	131.	131.		
e e	11 8	CONFERENCE REGISTRATIO	200033	131.	131.		
llar (en	k						
Miscellaneous Revenue	(900099				
Ξ̈́	C	All other revenue		131.			
		Total Add lines 11a-11d	P	887,150.	131.	0.	36,398.
	12	Total revenue. See instructions		1 00/,13U•	1 TOT.	ı ∪•∣	JU,JJO.

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 5,000. 5,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 130,150. 90,289. 26,626. 13,235. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 292,212. 202,715. 59,782. 29,715. Other salaries and wages 7 Pension plan accruals and contributions (include 7,961. 5,523. 1,628. 810. section 401(k) and 403(b) employer contributions) 17,283. 3,535. 11,990. 1,758. Other employee benefits 9 34,771. 24,122. 7,113. 3,536. 10 Payroll taxes 11 Fees for services (nonemployees): Management 464. 388. 12. 64. Legal 11,416. 13,665. 361. 1,888. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,722. 4,722. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 118,140. 98,695. 3,124. 16,321. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 86,072. 58,382. 6,307. 21,383. Office expenses 13 Information technology 14 15 Royalties 37,230. 25,411. 7,267. 4,552. 16 Occupancy 769. 637. 81. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 14,569. 14,569. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,511. 1,795. 408. 308. Depreciation, depletion, and amortization 22 7,004. 4,781. 1,367. 856. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,859. 24,102. 5,510. 3,733. All other expenses 796,625. 570,572. 127,843. 98,210. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			935,119.	1	968,964
	2	Savings and temporary cash investments			10,498.	2	10,504
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			5,640.	9	9,327
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	100,906. 97,405.			
	b	Less: accumulated depreciation	10b	97,405.	6,012.	10c	3,501
	11	Investments - publicly traded securities		2,345,318.	11	3,322,698	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			312,217.		205,525
4	16	Total assets. Add lines 1 through 15 (must e			3,614,804.	16	4,520,519
	17	Accounts payable and accrued expenses	l l	33,517.	17	23,846	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su		· -			
Liabilities		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un				23	00 000
	24	Unsecured notes and loans payable to unrela				24	88,900
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
				·····	33,517.	25	112,746
\dashv	26	Total liabilities. Add lines 17 through 25	· · · ·	▶ ▼	33,317.	26	112,740
ړي		Organizations that follow FASB ASC 958, o	check ne	re 🕨 🛕			
ا <u>د</u>	07	and complete lines 27, 28, 32, and 33.		-	3,488,448.	07	4,283,480
<u>a</u>	27				92,839.	27	124,293
g	28			ack have	92,039.	28	124,293
5		Organizations that do not follow FASB ASC	C 958, Cn	eck nere			
<u>P</u>	20	and complete lines 29 through 33.	do	-		00	
Sign	29	Capital stock or trust principal, or current fun				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated			3,581,287.	31	4,407,773
	32				3,614,804.	32 33	4,520,519
	33	Total liabilities and net assets/fund balances		I	3,014,004.	აა	Form 990 (202

Form	1 990 (2020) DEATH WITH DIGNITY NATIONAL CENTER	93-13	162366	Pag	_{le} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,15	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,62	
3	Revenue less expenses. Subtract line 2 from line 1	3	9(,52	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,581		
5	Net unrealized gains (losses) on investments	5	735	5,96	<u>51.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,407	7,77	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DEATH WITH DIGNITY NATIONAL CENTER

Employer identification number 93-1162366

Pa	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chi)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3	一	A hospital or a cooperative		•			i).					
4	H	A medical research organization						the hospital's name.				
•		city, and state:	anon operated in co.	, a o . o	4000,11004	000110	• (5)(1)(7)().	ine neophane manne,				
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe					
J	ш	section 170(b)(1)(A)(iv). (C		lege of differently owner	or operati	ca by a go	verninental unit desembl	5 4 III				
_			•			70/1-\/4\/ 8\/						
6	T	A federal, state, or local gov	-				· ·	1.0				
′	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
_		section 170(b)(1)(A)(vi). (C										
8	\square	A community trust describe			•							
9		An agricultural research org				-	-	-				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of the college	or				
		university:										
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, and	d gross receipts from				
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations described	d in section 509(a)(1) d	r section (509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must o	omplete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	/eness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g	Pro۱	vide the following information	about the supported	d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Tota	ıl.							i				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	793,108.	1137446.	3182217.	1381552.	850,621.	7344944.
2	Tax revenues levied for the organ-	-				-	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	793,108.	1137446.	3182217.	1381552.	850,621.	7344944.
	The portion of total contributions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							2872445.
6	Public support. Subtract line 5 from line 4.						4472499.
	etion B. Total Support						44 / <u>4</u> 4/ <u>7</u> 5
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2018	(d) 2019	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 793,108.	(b) 2017 1137446.	(c) 2018 3182217.	1381552.	(e) 2020 850,621.	(f) Total 7344944.
	Gross income from interest,	755,100.	113/110	3102217•	1301332.	050,021.	7344344
0	′						
	dividends, payments received on						
	securities loans, rents, royalties,	6,227.	4,495.	27,422.	60,822.	36 309	135,364.
_	and income from similar sources	0,221.	4,433.	21,422.	00,022.	30,330.	133,304.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	246	4.5.4	60	٥.		700
	assets (Explain in Part VI.)	246.	454.	63.	25.		788.
	Total support. Add lines 7 through 10						7481096.
	Gross receipts from related activities,	•	,			12	120,927.
13	First 5 years. If the Form 990 is for th		st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
0	organization, check this box and stop						>
	ction C. Computation of Public						F0 70
	Public support percentage for 2020 (li					14	59.78 %
	Public support percentage from 2019					15	56.68 %
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	t op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	· >
	a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support			Г			
llendar year (or fiscal year beginning in) 🕨 📙	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business activities not included in line 10b,						
whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						+
Total support. (Add lines 9, 10c, 11, and 12.)	organization's f	iret eacond third	fourth or fifth to:	Vear as a section 5	[01(c)(3) organizati	L on
4 First 5 years. If the Form 990 is for the	-			•		
check this box and stop hereection C. Computation of Public	Support Per	rcentage	•••••			·····
5 Public support percentage for 2020 (lin			column (fl)		15	
6 Public support percentage from 2019 S					16	
ection D. Computation of Invest					,	
7 Investment income percentage for 202			ne 13. column (fl)		17	
8 Investment income percentage for 202					18	
9a 33 1/3% support tests - 2020. If the co						7 is not
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2019. If the o	-					
line 18 is not more than 33 1/3%, check	· ·			·	•	
O Private foundation. If the organization						
	o. 1001 a		, J JO, JIIO ON U	~ ~ aiia 000 III		·····

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
04		
9b		
9c		
30		
10a		
10b		

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		ш	
	tion of type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, ,			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ole		
9	these activities but for the organization's involvement. Percent of Supported Organizations. Appear lines 2a and 3h below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	To the policies, programme, and the angles of the policies, programme, and destricted of odding			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

SCHE	Scriedule A (Form 990 of 990-EZ) 2020 DEATH WITH DIGNITH WATTOMAD CENTER 55 TEOZOGO Page 7					
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)		
Sect	on D - Distributions				Current Year	
1	1 Amounts paid to supported organizations to accomplish exempt purposes			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	4 Amounts paid to acquire exempt-use assets			4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	7 Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	10 Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C. line 6					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

DEATH WITH DIGNITY NATIONAL CENTER

Employer identification number

93-1162366

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

DEATH WITH DIGNITY NATIONAL CENTER

93-1162366

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DEATH	WITH DIGNITY NATIONAL CENTER		93-1162366
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 11,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

DEATH WITH DIGNITY NATIONAL CENTER

93-1162366

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll

Name of organization

Employer identification number

DEATH WITH DIGNITY NATIONAL CENTER

93-1162366

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$146,574.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,274.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DEATH WITH DIGNITY NATIONAL CENTER

93-1162366

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$7,921.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Name of organization Employer identification number

DEATH WITH DIGNITY NATIONAL CENTER

93-1162366

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	_	
21		_	
		\$146,574.	08/27/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	_	
22		_	
		\$47,031.	02/22/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	_	
23		_	
		5,274.	08/10/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		 \$	

Name of organization **Employer identification number** DEATH WITH DIGNITY NATIONAL CENTER 93-1162366 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ. Open to Public

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
_		ITH DIGNITY NATI			93-1162366
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	i
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	> \$:
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		i: 504()		1(0)
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),		
	Enter the amount directly expended	, , ,	·		
2	Enter the amount of the filing organ				
_	exempt function activities				·
3	Total exempt function expenditures		· · · · · · · · · · · · · · · · · · ·	•	
4	line 17b				
4 5	Did the filing organization file Form Enter the names, addresses and em				
3	made payments. For each organiza		•	~	
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 Part II-A Complete if the org section 501(h)).	DEATH WITH I	DIGNITY NAT:	IONAL CENTER 501(c)(3) and file		162366 ction unde	
	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN	l,
. — ' '	re of excess lobbying e	. ,				
B Check ▶ if the filing organiza	ation checked box A an	d "limited control" pro	visions apply.			
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated totals	
1a Total lobbying expenditures to infl	uence public opinion (g	rassroots lobbying)		0.		
b Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		0.		
c Total lobbying expenditures (add l	ines 1a and 1b)			0.		
d Other exempt purpose expenditur	es			693,693.		
e Total exempt purpose expenditure	es (add lines 1c and 1d)			693,693.		
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	129,054.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable ame	ount is:			
Not over \$500,000		he amount on line 1e.				
Over \$500,000 but not over \$1,00		0 plus 15% of the exce	· · · · ·			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce				
Over \$1,500,000 but not over \$17		0 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.				
	.t 050/ - 615 40			32,264.		
g Grassroots nontaxable amount (er	,			0.		
h Subtract line 1g from line 1a. If zer				0.		
i Subtract line 1f from line 1c. If zerj If there is an amount other than zer		ing 1i, did the organize		0.		
reporting section 4911 tax for this		ine in, did the organiza	ation life Form 4720	Г	Yes	No
reporting section 4311 tax for this		raging Period Under	Section 501(h)		163 _	
(Some organizations t	hat made a section 50 See the separa	01(h) election do not hate instructions for lin	nave to complete all ones 2a through 2f.)	f the five columns be	elow.	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		1	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Tota	al
2a Lobbying nontaxable amount	123,804.	144,903.	175,581.	129,054.	573,	342.
b Lobbying ceiling amount (150% of line 2a, column(e))					860,	013.
c Total lobbying expenditures	37,063.	176,564.	131,061.		344,	688.
d Grassroots nontaxable amount	30,951.	36,226.	43,895.	32,264.	143,	336.
e Grassroots ceiling amount (150% of line 2d, column (e))					215,	004.

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Described in \$2(e) on ondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$22(f) tax was paid). a Current year 5 Total A Aggregate amount reported in section 6033(e)(f)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditur	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 at the filing organization incurred a section 4912 tax (if it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure wexpenditure next year? 4 Inoti		ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? J Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 at a lite of the reference of the section 4912 at a lite of the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Description of the section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a Gargegate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 To notices were sent and the amount	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if tile Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization organization incurred a political campaing nactivity expenditures from the prior year? 3 Did the organization argine to carry over lobbying and political campaing nactivity expenditures from the prior year? 4 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year 2 Did the organization argine to carry over to the reasonable estimate of nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year 2 Dia the organization of the excess does the organization argere to carryover to the re	t the	lobbying activity.	Yes	No	Amo	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Pallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 at the filing organization incurred a section 501(c)(6), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part IIII-8 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expense	or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Ves 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 5 Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 Description of the excess of the programization in the case of the organization of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure expenditure next year?	1	During the year, did the filing organization attempt to influence foreign, national, state, or				
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryov	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5 In the section 100 Part III-A, line 3, is answered "No" OR (b) Part III-A, line 3, is answered "No	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4		Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5	2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 2 Carryover from last year 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2 cexceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	1			1		
a Current year b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5	a Current year b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4						
b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5	b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4		expenses for which the section 527(f) tax was paid).				
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) 2c 3 4 5	c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4	а	Current year		2a		
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) 2c 3 4	c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4	b			2b		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5	4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4				2c		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) 5	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?				. 3		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5	expenditure next year?						
5 Taxable amount of lobbying and political expenditures (See instructions) 5			does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	5 Taxable amount of lobbying and political expenditures (See instructions)		expenditure next year?		4		
Part IV Supplemental Information							
	structions); and Part II-B, line 1. Also, complete this part for any additional information.	5 Part	IV Supplemental Information	ist); Part II-A,		nd 2 (See	
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See			does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		4		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DEATH WITH DIGNITY NATIONAL CENTER

Employer identification number 93-1162366

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	, , , , , , , , , , , , , , , , , , , ,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	rvation easements during the year
_			and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	re entirely the requirements of section 170(b)	(A)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
3	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	lote to the organization's imaneial statemen	is that describes the
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
			. .
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

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

		ITH DIGNITY					3-11			<u>e 2</u>
Par	t III Organizations Maintaining C							(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e signi	ficant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						e in Part	XIII.		
5	During the year, did the organization solicit o				ilar ass	sets	_	7		
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes"	on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	7		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
						<u> </u>		Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo				-		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i						1			
		(a) Current year	(b) Prior year	(c) Two years bac			ears back	(e) Four	-	
	Beginning of year balance	67,780.	72,037.	68,982	2.		52,577.		56,26	1.
b	Contributions									
С	Net investment earnings, gains, and losses	24,901.	-3,611.	3,642	2.		7,002.		6,80	94.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	771.	646.	58			597.			39.
g	End of year balance	91,910.	67,780.	72,03	7.		8,982.		62,5	7.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
	Board designated or quasi-endowment	100	_%							
	Permanent endowment ▶ .0000	%								
С	Term endowment ▶									
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered fo	r the o	rganizat	tion	Г		
	by:									No_
	(i) Unrelated organizations							3a(i)		<u>X</u> _
	(ii) Related organizations							3a(ii)		<u>X</u> _
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Dar	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	I	<u> </u>	<u> </u>			. 1			
	Description of property	(a) Cost or of	` '		,	ımulate	d	(d) Book	value	
		basis (investm	nent) basis	otner)	depre	ciation	_			
	Land									
	Buildings			4 546		4 4	_			
	Leasehold improvements	I		4,546.		$\frac{4,54}{0.57}$				0.
	Equipment			3,385.		$\frac{0,57}{2}$			81	
е	Other	1	1 6	2,975.	б	2,28	50.		69	J.

Schedule D (Form 990) 2020

3,501.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2020 DEATH WITH	DIGNITY NATIO	NAI. CENTER	93-1162366 Page
Part VII Investments - Other Securities.	DIGNIII NAIIO	MAD CENTER	JJ IIOZJOO Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line	e 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.))
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.

Schedule D (Form 990) 2020 032054 12-01-20

Schedule D (Form 990) 2020	DEATH	WITH	DIGNITY	NATIONAL	CENTER	93-1162366	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (cc	ntinued)					
• • • • • • • • • • • • • • • • • • • •	100	<i>munaca)</i>					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization DEATH WITH DIGNITY NATIONAL CENTER Employer identification number 93-1162366

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of det noncash contribut	•	ts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	3	198,879.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (SOFTWARE)	X	2	30,420.	FAIR MARKET	VALUE	
26	Other						
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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.

DEATH WITH DIGNITY NATIONAL CENTER

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

Employer identification number 93-1162366

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RESOURCE ON OUR WEBSITE, WHICH GUIDES PEOPLE ON PUTTING FINAL AFFAIRS
IN ORDER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS PROVIDED TO THE FINANCE, ADMINISTRATION, AND AUDIT
COMMITTEE OF THE BOARD, AND ANY OTHER BOARD MEMBER REQUESTING REVIEW. UPON
REVIEW AND APPROVAL, THE EXECUTIVE DIRECTOR SIGNS AND SUBMITS THE 990
INFORMATION RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
ANUALLY, BOARD MEMBERS ARE ASKED TO SUBMIT A COMPLETED CONFLICT OF INTEREST
POLICY FORM TO THE EXECUTIVE DIRECTOR WHO REVIEWS WHETHER CONFLICTS EXIST.
IF THERE ARE ANY CONFLICTS IDENTIFIED BY BOARD MEMBERS, THE EXECUTIVE
DIRECTOR NOTIFIES THE BOARD PRESIDENT. THE BOARD PRESIDENT WILL THEN REVIEW
THE EXECUTIVE DIRECTOR'S IDENTIFIED CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS DETERMINES EXECUTIVE DIRECTOR SALARY, BASED ON A
PERFORMANCE REVIEW, EDUCATION, AND EXPERIENCE, AND COMPARISONS TO
NON-PROFIT SALARIES USING VARIOUS DATA SOURCES. GUIDESTAR'S NONPROFIT
THE BOARD OF DIRECTORS DETERMINES EXECUTIVE DIRECTOR SALARY, BASED ON A PERFORMANCE REVIEW, EDUCATION, AND EXPERIENCE, AND COMPARISONS TO

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization DEATH WITH DIGNITY NATIONAL CENTER	Employer identification number 93-1162366
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, N	H,NJ,NM,NY,OH,OK
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, MO, HI, NV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	98,695.
MANAGEMENT AND GENERAL EXPENSES	3,124.
FUNDRAISING EXPENSES	16,321.
TOTAL EXPENSES	118,140.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	118,140.
FORM 990, PART XII, LINE 2C:	
THE AUDIT OVERSIGHT AND INDEPENDENT ACCOUNTANT SELECTION F	ROCESS HAS
NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2020

Employer identification number 93-1162366

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

OMB No. 1545-0047

DEATH WITH DIGNITY NATIONAL CENTER

Direct controlling End-of-year assets **e** Total income ਰ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

organizations during the tax year.							
(a)	(q)	(c)	(p)	(e)	(f)	(g)	[6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) _
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	N
DEATH WITH DIGNITY POLITICAL ACTION FUND -					ЭЕАТН WITH		
93-1324899, 520 SW 6TH AVENUE, SUITE 1220,					DIGNITY NATIONAL		
PORTLAND, OR 97204	EDUCATION, RESEARCH	OREGON	501(C)(4)	0	CENTER	×	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

42

DEATH WITH DIGNITY NATIONAL CENTER

Part III

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 93-1162366 Schedule R (Form 990) 2020

(K)	General or Percentage managing ownership partner?									
9	aging	YesNo								
	man part	Yes								
(i)	amount in box not schedule	K-1 (Form 1065)								
	nate s?	9								
Ξ	Disproportionate allocations?	Yes No								
	Disp	Ye								
(6)	Share of end-of-year	433613								
ı	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	domicile (state or	roreign country)								
(a)	Primary activity									
(a)	Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

ı							ı		i	
ا ر	(13) olled ty?	No								
	512(b)(13) controlled entity?	Yes								
(L)	Percentage ownership									
	Share of end-of-year	dosets								
(£)	Share of total income									
	Type of entity (C corp, S corp,	Ol tidat)								
(p)	Direct controlling entity									
(0)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2020

Page 3 93-1162366

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ś:			1 a		×
b Gift, grant, or capital contribution to related organization(s)				16		×
c Gift, grant, or capital contribution from related organization(s)				10		×
				10		×
				16		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				두	×	
o Sharing of paid employees with related organization(s)				10	×	
p Reimbursement paid to related organization(s) for expenses				1		×
q Reimbursement paid by related organization(s) for expenses				19	×	
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved		
(1) DEATH WITH DIGNITY POLITICAL FUND	Q	150,000.	CASH			
(2)						
(3)						
(4)						
(5)						
(9)						
032163 10-28-20			Schedule	Schedule R (Form 990) 2020	(066	2020

Page 4

45

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(h) (i) v. Code V-UBI General or Percentage funcations? of Schedule K-1 partner? Ownership Ves No (Form 1065) Yes No Schedule R (Form 990) 2020 end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of entity (a)