		** PUBLIC DISC				
	Ω	Return of Organization	i Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	n H	90 Under section 501(c), 527, or 4947(a)(1) of the	Internal Revenue	Code (exc	ept private foundation	s) 2016
Depa	rtment o	of the Treasury Do not enter social security num	bers on this form	as it may b	e made public.	Open to Public
Interr	al Reve	enue Service Information about Form 990 and				Inspection
AF	or th	e 2016 calendar year, or tax year beginning ${ m APR}$ 1 , 2	2016 and	ending N	<u>IAR 31, 2017</u>	
B c a	heck if oplicab	C Name of organization			D Employer identific	ation number
	Addre	DEATH WITH DIGNITY NATIONAL C	ENTER			
	Name Chang	9			93-1	162366
	Initial		et address)	Room/suite	E Telephone number	
				1220		228-4415
	termir		n postal code		G Gross receipts \$	799,581.
	Amen return				H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: FEG SANDED	EN		for subordinates	? Yes 🗶 No
	pendi	ISAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	xempt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no	.) 4947(a)(1)	or 📃 527	If "No," attach a	list. (see instructions)
		ite: WWW.DEATHWITHDIGNITY.ORG			H(c) Group exemption	
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📋	Other 🕨	L Year	of formation: 1994 N	State of legal domicile: OR
Pa	rt I	-				
Ð	1	Briefly describe the organization's mission or most significant a	ctivities: PROM	OTION	OF DEATH WIT	H DIGNITY
anc		LAWS				
Governance		Check this box 🕨 🛄 if the organization discontinued its op		sed of more	1 1	
Š	3	Number of voting members of the governing body (Part VI, line	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6
		Number of independent voting members of the governing body				<u> </u>
Activities &		Total number of individuals employed in calendar year 2016 (Pa				<u> </u>
ţ		Total number of volunteers (estimate if necessary)				0.
Ac		Total unrelated business revenue from Part VIII, column (C), line				0.
	D	Net unrelated business taxable income from Form 990-T, line 34	4	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			647,490.	793,108.
ne	9				0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			5,483.	6,227.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			0.	246.
		Total revenue - add lines 8 through 11 (must equal Part VIII, col			652,973.	799,581.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s		Salaries, other compensation, employee benefits (Part IX, colum			338,361.	339,414.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	134,4	24.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			299,029.	335,565.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)), line 25)		637,390.	674,979.
	19	Revenue less expenses. Subtract line 18 from line 12			15,583.	124,602.
s or				Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			473,442.	598,798.
Net Assets or - und Balances	21	Total liabilities (Part X, line 26)			24,674.	13,148.
		Net assets or fund balances. Subtract line 21 from line 20			448,768.	585,650.
	rt II					
	-	alties of perjury, I declare that I have examined this return, including account of the second s				knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on	all information of wh	nich preparer	nas any knowledge.	

Sign	Signature of officer		Date	
Here	PEG SANDEEN, EXECUTIVE	DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	SANG AHN			self-employed P00540880
Preparer	Firm's name MCDONALD JACOBS ,	P.C.	Firm's	s EIN ▶ 93-0900579
Use Only	Firm's address 🖕 520 SW YAMHILL S	r., ste 500		
	PORTLAND, OR 972	04	Phone	e no.(503) 227-0581
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
	1114 Exposed Deduction Act Natio	a second second second second second second		000 (0010)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	1 990 (2016) DEATH WITH DIGNITY NATIONAL CENTER 93-1162366 Page
Pai	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
2	
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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	(Code:) (Expenses \$165,255. including grants of \$) (Revenue \$)
	DURING THE YEAR ENDED MARCH 31, 2017, THROUGH OUR CORE PROGRAM,
	DIGNITY50, DEATH WITH DIGNITY NATIONAL CENTER PROVIDED EXPERT PUBLIC
	POLICY ANALYSIS TO CITIZENS, PUBLIC OFFICIALS, AND END-OF-LIFE CARE
	SPECIALISTS INTERESTED IN THE OREGON, WASHINGTON, VERMONT, CALIFORNIA,
	AND COLORADO DEATH WITH DIGNITY EXPERIENCE. WE RESPONDED TO 815 PHONE,
	EMAIL, AND SOCIAL MEDIA QUERIES, PROVIDING ASSISTANCE AND INFORMATION
	TO INDIVIDUALS ACROSS THE COUNTRY SEEKING TO LEARN MORE ABOUT
	END-OF-LIFE CARE FOR THE TERMINALLY ILL. WE SHARED THE LATEST
	STATISTICS AND RESEARCH, INCLUDING DATA CONCERNING IMPLEMENTATION OF
	THE LAW. WE DISSEMINATED RESOURCES REGARDING THE LAW'S IMPACT ON THE
	MEDICAL PROFESSION, AND WE ASSISTED WITH RESEARCH AND ANALYSIS OF
	PUBLIC POLICY DATA. THROUGH OUR NEW STATE LEADERSHIP INCUBATOR, WE
4b	(Code:) (Expenses \$184,935. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION:
	THROUGH OUR PUBLIC EDUCATION PROGRAM, WE DISSEMINATED INFORMATION AND
	EDUCATIONAL MATERIALS ABOUT AID IN DYING AND DEATH WITH DIGNITY LAWS TO
	INDIVIDUALS ACROSS THE COUNTRY. IN ADDITION, WE RESPONDED TO REQUESTS
	FOR INFORMATION AND PROVIDED REFERRALS TO TERMINALLY ILL INDIVIDUALS
	AND THEIR FAMILY MEMBERS ABOUT A WIDE RANGE OF END-OF-LIFE ISSUES. OUR
	QUARTERLY PUBLICATION, THE DIGNITY REPORT, PROVIDED INDIVIDUALS WITH
	UPDATES ON OUR ACTIVITIES, SYNOPSES OF RECENT RESEARCH IN THE FIELD OF
	END-OF-LIFE CARE, AND INTERVIEWS WITH LEGISLATORS, GRASSROOTS
	ADVOCATES, PATIENTS, AND THEIR LOVED ONES THAT ILLUMINATE AND HUMANIZE
	THE ISSUES THAT DEFINE THE DEATH WITH DIGNITY MOVEMENT. OUR WEBSITE
_	SERVES AS A TRUSTED RESOURCE FOR LEGAL, MEDICAL, AND OTHER SCHOLARLY
4c	(Code:) (Expenses \$124,064. including grants of \$) (Revenue \$)
	COMMUNICATION:
	THROUGH OUR WEBSITE, IN THE MEDIA, AND ON OUR SOCIAL MEDIA CHANNELS, WE
	PROMOTE AND EDUCATE A WIDE AND DIVERSE NATIONAL AUDIENCE ABOUT OUR
	MODEL LEGISLATION, THE OREGON DEATH WITH DIGNITY ACT, AND OTHER
	END-OF-LIFE ISSUES. WE PLACE SPECIAL EMPHASIS ON REACHING PUBLIC
	OFFICIALS AND POLICY DECISION-MAKERS, INDIVIDUALS WHO ARE TERMINALLY
	ILL AND THEIR LOVED ONES AND PHYSICIANS. WE BUILD RELATIONSHIPS WITH
	ADVOCATES, WHO ALONG WITH OUR STAFF AND BOARD MEMBERS, SERVE AS
	EFFECTIVE SPOKESPEOPLE FOR OUR MOVEMENT. WE COMMUNICATE FREQUENTLY WITH
	OUR CONSTITUENTS VIA EMAIL, SHARING NEWS, PROGRAM UPDATES, AND OTHER
	ESSENTIAL INFORMATION ABOUT THE DEATH WITH DIGNITY MOVEMENT. IN THE
	PAST YEAR, WE GREW OUR EMAIL LIST BY 39 PERCENT, AND INCREASED OUR
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 474,254.
	Form 990 (201
32001	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S)
,2002	
ר ח	717 781409 7065 2016.04000 DEATH WITH DIGNITY NATION 7065
- /	T, 'STID' 'NTIT DIONITI NUTION /OOS

0 (2016)	DEATH	WT
1 (2016)	וודאינע	VV I .

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Х	
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
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		X
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		X
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		Х

Form **990** (2016)

Form 990 (NATIONAL	CENTER
Part IV	Checklist of F	Required S	chedule	es (continued)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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		
С	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		
	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		<u>x</u>
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			v
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		x
b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	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		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

Form	990 (2016) DEATH WITH DIGNITY NATIONAL CENTER	93-1162	366	Р	age 5
Pa	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	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 re	eportable gaming			
	(gambling) winnings to prize winners?		1c		
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	•		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	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 set	rvices provided to the payor?	7a		X
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?				
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	1 1	7c		X
	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 c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	40.			
a L	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:	44.			
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a	-		
D		116			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.				
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
J	organization is licensed to issue qualified health plans	13b			
~	Enter the amount of reserves on hand	130			
	Did the construction of the second state of the bound of the second state of the secon	· · · ·	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	Δ Δ	14b		<u> </u>

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Form **990** (2016)

Form 990	(2016)
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DEATH WITH DIGNITY NATIONAL CENTER

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any	/ line in this Part VI	 X	
action A. Governing Body and Management			Ī

Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	6			
	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 in Schedule 0.		_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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, or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code)			
					Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			, , 	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	0			
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					
Ŭ	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	u by in	dependent			
~				15a	х	
b	 The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	Х	
160		nont w	ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable optituduring the year?			160		Х
L.	taxable entity during the year?			<u>16a</u>		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40		
800	exempt status with respect to such arrangements?			16b		
				T T	VO	7
17	List the states with which a copy of this Form 990 is required to be filed AK , AL , AR , AZ , C					n.
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	/ailable	Э	

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records:

SEE SCHEDULE O FOR FULL LIST OF STATES

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

6

X Own website

19

20

632006 11-11-16

for public inspection. Indicate how you made these available. Check all that apply.

520 SW 6TH AVENUE, SUITE 1220, PORTLAND, OR

X Another's website

statements available to the public during the tax year.

PEG SANDEEN - 503-228-4415

2016.04000 DEATH WITH DIGNITY NATION 7065___1

Form 990 (2016)

___ Other *(explain in Schedule O)*

97204

()

(E)

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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 (Ď), (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."

(P)

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\mathbf{C})

(D)

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or dir	a.			ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			Densa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	com				and related
	below	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Inc	- La	6	Ke	e Hi	For			
(1) GEORGE EIGHMEY	2.00	.,		37					0	0
PRESIDENT	2.00	Х		X				0.	0.	0.
(2) DAVID MAYO	1.00	.,							0	0
VICE PRESIDENT	1.00	Х	<u> </u>	X				0.	0.	0.
(3) CAROL PRATT	1.00									•
TREASURER	1.00	Х		X				0.	0.	0.
(4) ELI STUTSMAN	1.00									
SECRETARY	1.00	Х		X				0.	0.	0.
(5) STEVE TELFER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MIDGE LEVY	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) LISA VIGIL SCHATTINGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEPHEN DUNN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PEG SANDEEN	38.00									
EXECUTIVE DIRECTOR	2.00			Х				96,738.	0.	10,016.
690007 11 11 16										Form 990 (2016)

632007 11-11-16

Form 990 (2016)

12200717 781409 7065

2016.04000 DEATH WITH DIGNITY NATION 7065___1

Part VII Sector A. Officers, Directors, Truetese, Kay Employees, and Highest Compensated Employees <i>Conditional</i> (A) Name and stile A works in the analysis of the analysis		990 (2016) DEATH WIT	TH DIGNI	ΤY	N	IΑT	'IO)NA	L	CENTER	93-11	623	66	Page 8
Name and title Average model Position week (list any pour for related organization (list any for related ine) Period and bit is bit is	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
Image: Section B and the organization in the interactors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the or			Average hours per	box	not c , unle:	Pos heck i ss per	ition more rson i	than o s both	an	Reportable compensation	Reportable compensation	1	Estir amo	nated unt of
Image: Second Secon			(list any hours for related organizations below	50 Individual trustee or director Institutional trustee Officer					the organization	organizations		compensatior from the organization and related		
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						0	×	Ξe	Ľ			_		
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.												+		
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	1b	Sub-total							•	96,738.		0.	10	,016.
compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Nome Description of services Compensation Compensation (A) NONE Description of services Compensation (B) (C) Compensation Compensation (A) NONE Description of services Compensation (A) NONE Compensation Compensation (A) NONE Compensation <td< td=""><td>c d</td><td>Total from continuation sheets to Part VI Total (add lines 1b and 1c)</td><td>l, Section A</td><td></td><td>· · · · · · ·</td><td></td><td></td><td></td><td></td><td>0. 96,738.</td><td></td><td></td><td></td><td>0.</td></td<>	c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	l, Section A		· · · · · · ·					0. 96,738.				0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? (C) Omplete Schedule J for such person (A) (B) (C) Name and business address NONE Description of services Compensation Omplete for person independent contractors that received more than \$100,000 of compensation (A) (C) Name and business address NONE Description of services Compensation Contal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization I <td>2</td> <td></td> <td></td> <td>USE</td> <td>liste</td> <td>u au</td> <td></td> <td>;) wri</td> <td></td> <td>ceived more than \$100,0</td> <td></td> <td></td> <td>Y</td> <td></td>	2			USE	liste	u au		;) wri		ceived more than \$100,0			Y	
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual	3											[3	x
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete the independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation	4	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5												5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation from the organization image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation from the organization image: Compens		•	monsated ind		ndo	at co	ntr	actor	n th	at received more than \$	100 000 of comp		n from	
Name and business address NONE Description of services Compensation	<u> </u>	, , ,	•	•							•	Jibatic		
\$100,000 of compensation from the organization 0			address	NC	ONE	2					ervices	Cor		ation
\$100,000 of compensation from the organization 0									_					
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0	2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
												F	orm 99	90 (2016)

m 990	(2016) DEATH WITH DIGN	NITY NAT	IONAL CENT	ER	93-1162	366 Page
art VI	II Statement of Revenue					
	Check if Schedule O contains a response or r	note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
2 1 a	Federated campaigns 1a					
b	Membership dues 1b					
	Fundraising events 1c					
	Related organizations 11					
е	Government grants (contributions)					
1 a b c c a a a c c a a a a c c a a a a c c a	All other contributions, gifts, grants, and similar amounts not included above 1f 79	93,108.				
b g	Noncash contributions included in lines 1a-1f: \$					
i h	Total. Add lines 1a-1f	usiness Code	793,108.			
2 a		usiness Code				
2 a b b c c c c c f						
f	All other program service revenue					
	Total. Add lines 2a-2f	►				
3	Investment income (including dividends, interest,					
	other similar amounts)	►	6,227.			6,227
4	Income from investment of tax-exempt bond proc					
5	Royalties	►				
	(i) Real	(ii) Personal				
6 a	Gross rents					
	Less: rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss)	►				
7 a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)	►				
8 a	Gross income from fundraising events (not including \$ of					
	contributions reported on line 1c). See					
	Part IV, line 18 a					
	b Less: direct expenses b					
	Net income or (loss) from fundraising events	►				
9 a	Gross income from gaming activities. See					
	Part IV, line 19 a					
	b Less: direct expenses b					
	Net income or (loss) from gaming activities	····· •				
10 a	Gross sales of inventory, less returns					
	and allowances a					
	b Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory					
44 -		usiness Code 900099	246.			246
			240.			
b						
C						
d			246.			
	Total. Add lines 11a-11d Total revenue. See instructions		799,581.	0.	0.	6,473
12	Total revenue. See instructions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U•	0.	Form 990 (20

Part IX Statement of Functional Expenses

DEATH WITH DIGNITY NATIONAL CENTER 93-1162366 Page 10

not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	his Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations		·		•
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,				
trustees, and key employees	115,378.	77,342.	17,721.	20,31
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	180,886.	121,254.	27,783.	31,84
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	3,879. 12,397.	2,600.	596.	68 2,18 4,73
Other employee benefits	12,397.	8,310.	1,904.	2,18
Payroll taxes	26,874.	18,014.	4,128.	4,73
Fees for services (non-employees):				
a Management				
D Legal	8,000.	2,024.	1,449.	<u>4,52</u> 9,33
Accounting	16,497.	4,174.	2,987.	9,33
J Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees	514.		514.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)				
Advertising and promotion				
Office expenses	52,842.	17,743.	1,789.	33,31
Information technology				
Royalties				
Occupancy	26,117.	19,248.	2,128.	4,74
Travel	22,672.	13,882.	3,763.	5,02
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	7,590.	5,085.	1,167.	1,33
Insurance	4,892.	3,730.	243.	91
Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)				
MEDIA & PUBLIC EDUCATIO	159,801.	159,588.		21
MISCELLANEOUS	36,640.	21,260.	129.	15,25
i i				
All other expenses				
Total functional expenses. Add lines 1 through 24e	674,979.	474,254.	66,301.	134,42
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 Fight and the second secon				

2016.04000 DEATH WITH DIGNITY NATION 7065___1

Form 990 (2016)
Part X Balance Sheet

DEATH WITH DIGNITY NATIONAL CENTER

93-1162366 Page 11

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,143.	1	247,489.
	2	Savings and temporary cash investments		34,030.	2	11,757.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensation	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
Ä	8	Inventories for sale or use				8	
	9				4,879.	9	13,508.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>99,480.</u> 87,311.			
	b	Less: accumulated depreciation	10b	87,311.	17,609.	10c	12,169.
	11	Investments - publicly traded securities	167,503.	11	208,534.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			128,278.	15	105,341.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	473,442.	16	598,798.
	17	Accounts payable and accrued expenses		24,674.	17	13,148.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Se	22	Loans and other payables to current and former					
ilitie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	12 140
	26				24,674.	26	13,148.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔽 and			
es		complete lines 27 through 29, and lines 33 an			116 070		
anc	27	Unrestricted net assets			446,970.	27	585,650.
Bal	28	Temporarily restricted net assets			1,798.	28	0.
pd	29			····· · · · · · · · · · · · · · · · ·		29	
Fu		Organizations that do not follow SFAS 117 (As	SC 958), check here ▶			
Net Assets or Fund Balances		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Vet	32	Retained earnings, endowment, accumulated inc			110 760	32	
~	33	Total net assets or fund balances			448,768.	33	585,650.
	34	Total liabilities and net assets/fund balances			473,442.	34	598,798. Form 990 (2016)

Form **990** (2016)

	1990 (2016) DEATH WITH DIGNITY NATIONAL CENTER	93-116	2366	Pag	_{je} 12		
Pa	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),58			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,97 1,60			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5	12	2,28	30.		
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 in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	585	5,65	50.		
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	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		Х		
	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	e 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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle 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 requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						
			Form	990 (2016)		

Form **990** (2016)

Department of the Treasury

Internal Revenue Service

(Form	990	or	990	-EZ)
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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.

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

	OMB No. 1545-0047
	2016
	Open to Public Inspection
wor	identification number

Name of	the organization	-				0	Employer	identification numbe		
	DEAT	H WITH DIG	NITY NATIONAL	L CEN	ΓER		9	3-1162366		
Part I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	S.			
The organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1 🛄	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).				
7 X	7 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 🛄	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
	university:									
10	An organization that norma									
	activities related to its exem							-		
	income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.		
	See section 509(a)(2). (Con									
11	An organization organized a	•						_		
12	An organization organized a	-	-	-			•			
	more publicly supported or	-						Sheck the box in		
_	lines 12a through 12d that	• •			-		-			
a 🔄	Type I. A supporting orga	-	-	•	-					
	the supported organization			majority o	of the direc	ctors or truste	es of the su	apporting		
ь Г	organization. You must o	-					n (n) huu hau	i a a		
b	Type II. A supporting org	-				•		-		
	control or management o			ame perso	ns that co	ntroi or mana	ye the supp	Joned		
с	organization(s). You mus Type III functionally inte	-		in connoc	tion with	and functional	ly intograte	od with		
	its supported organization						ly integrate	ia with,		
d	Type III non-functionally						ted organia	zation(s)		
u	that is not functionally int	• •					•			
	requirement (see instructi	• •		•		-	anallenin	1633		
e	Check this box if the orga	,	•				II. Type III			
•	functionally integrated, or					турсі, турс	n, rype m			
f Ente	er the number of supported of			0 0						
	vide the following information	0								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)		
		1	1		1	1		1		

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATIONAL CENTER Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	416,330.	545,718.	544,700.	647,490.	793,108.	2947346.
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	416,330.	545,718.	544,700.	647,490.	793,108.	2947346.
5	The portion of total contributions						
	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,						
	column (f)						642,318.
6	Public support. Subtract line 5 from line 4.						2305028.
	ction B. Total Support				L		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	416,330.	545,718.	544,700.	647,490.	793,108.	2947346.
	Gross income from interest,			-			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8,124.	7,224.	6,473.	5,483.	6,227.	33,531.
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						
	assets (Explain in Part VI.)	289.	71.	232.		246.	838.
11	Total support. Add lines 7 through 10						2981715.
12		etc. (see instructio	uns)			12	
13	First five years. If the Form 990 is for	•	,	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stor	-			-		
Sec	ction C. Computation of Publi		centage				·
14	Public support percentage for 2016 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	77.31 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	88.97 %
16a	33 1/3% support test - 2016. If the o					ore, check this bo	k and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not c				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization	-	
b	10% -facts-and-circumstances test	- 2015. 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	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· •
					Sche	dule A (Form 990	or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATIONAL CENTER 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.)

Sec	ction A. Public Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orgar	nization,
	check this box and stop here	<u></u>				-	
Sec	tion C. Computation of Publi	c Support Per	rcentage			· · · ·	
15	Public support percentage for 2016 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	-					e 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
63202	3 09-21-16		1 5		Sch	nedule A (Form 9	990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATIONAL CENTER

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Yes No

Part IV Supporting Organizations

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

16

632024 09-21-16

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2016

10b

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Schedule A (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATIONAL CENTER 93-1162366 Page 5 Part IV Supporting Organizations (continued) 93-1162366 Page 5

11 Has the organization accepted a gift or combinuiton from any of the following person? 11 11 2 A person which detectly or inforcements also no together with persons described in (b) and (c) below, the governing body of a supported organization? 11 11 11 0 A main person described in (b) or (b) alsov? 11 11 11 11 0 A main person described in (b) or (b) alsov? 11 11 11 11 2 Section B. Type I Supporting Organizations 11 11 11 11 1 Dift the directors, trustless, or mombership of ore or more supported organization factors or trustless at all times during the tax year? 1 11 <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
below. the governing body of a supported organization? 11a b A family method of a perior described in (a) or (b) above? (fr Yae* to a, b, or c, provide detail in Part 10. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organization share the power to regularity appoint or elect at least a majority of the organization address at all times during the tax year? (f Yao, 'b, or controlled the user provides. If the organization address the none supported organization, describe in Part VI. Now the supported organization of advress the power to granization address the tax year, applied to supported organization, describe in Part VI. Now the supported organization of the supported organization address the tax year. 2 Did the organization supporting Organization address the powers during the tax year. 3 Did the organization supported for the benefit carried out the purposes of the supported organization, describe in Part VI. Now providing such benefit carried out the purposes of the supported organization, describe in Part VI. how providing such benefit carried out the purposes of the supported organization, describe in Part VI. how corool or management of the supported Organizations. 9 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees desch of the organization's supported organization. 9 U Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the part of the support organization tax year. (a vultic method the supported organization for the support organization tax year. (b) address of the support organization tax year. (b) address of the support organization tax year. (b) address of the	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a period described in (a) above? c A S9% controlled methy of a period described in (a) of (b) above? fty Set to a. b. or c. provide detail in Part V. Section B. Type I Supporting Organizations controlled the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or direct at least a majority of the organization's directors or trustees at all times during the tax year? If Wo, 'deactive In Part V. how the organization's directors or trustees at all times during the tax year? If Wo, 'deactive In Part V. how the supported organization of the supported organization, describe how the powers to appoint and/or remove directors or trustees areal directed among the supported organization operated, supervised, or controlled the supporting organization, the supported organization of the top providing such benefit carred out the purposes of the supported organization (b) that operated, supervised, or controlled the supporting organization of the thin the support of organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization of the thin the support of organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised organization is supported organization (b). The organization provide to deach of the organization is used the in the support of organization (b). The organization support of organization (b) that operated, supervised organization is used the directors or trustees or that controlled or managed The organization provide to each of its supported organization, by the last day of the fifth month of the organization organization is used to the date of notification, and (b) copes of the organization more taxe, year, (P) a unot the date of no	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
C A 35% controlled entity of a person described in (a) or (b) above? µr Yes' to a, b, or c. provide detail in Part V. Section B. Type I Supporting Organizations Ves No Tegulary appoint or elect at least a majority of the organization's directors or trustees at all times during the twy and 't Wo,'' describe in Part V. how the supported organization failer offer directors or trustees at all times during the support organization's directors or trustees at all times during the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax yes. 2 bit the organization supported organization of the organization's directors or trustees were allocated among the supported organization or perset to appoint and/or emove directors or trustees were allocated among the supported organization's that yes. 2 bit the organization's directors or trustees were allocated among the tax yes. 2 bit the organization's directors or trustees during the supported organization's directors or trustees during the supported organization's directors or trustees during the supported organization's directors or trustees during the tax yes. 3 bit the organization's directors or trustees during the tax yes. 4 Were a majority of the organization's directors or trustees during the supported organization's 4 were a majority of the organization's directors or trustees during the supported organization's 4 were a majority of the organization's directors or trustees during the supported organization's 4 were a majority of the organization's directors or trustees were heat on that controlled wing the port of a management of the supporting Organization's 4 were a majority of the organization's directors or trustees during the supported organization's 4 were a majority of the organization's directors or trustees during the supported organization's 4 were a majority of the organization's directors or trustees during the sup		below, the governing body of a supported organization?	11a		
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1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI. how the supported organization of directory operated, supervised, or controlled the organizations or restrictions, if any, applied to such power during the tax year. 2 Did the organization operate for the benefit of any supported organization of the tax year. 3 Did the organization operate for the benefit of any supported organization the tax one supported organization, the tax year. 3 Did the organization operate for the benefit of any supported organization of the tax year. 3 Did the organization operate for the benefit of any supported organization of the tax year. 3 Did the organization operate for the purposes of the supported organization (s) that operated, supervised, or combined the supported organization if the tax year. 3 Did the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization. 3 Did the organization provide to each of this supported organization, 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. (i) a copy of the form 900 that was mets true recently lied as of the organization's apported organization's ap	c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
 Did the directors, trustees, or membership of one or more supported organization's directors or trustees at all times during the tax year if ''No,'' describe in Part VI how the supported organization's directors or trustees at all times during the constraints of the organization's directors or trustees at all times during the constraints and what conditions or restrictions, if any, applied to such powers during the tax year.' Did the organization oparts of the benefit of any supported organization, if the supported organization of the the powers as oparization oparts that conditions or restrictions, if any, applied to such powers during the tax year. Did the organization oparts of the benefit of any supported organization of the thru the support of providing ucb benefit and ord of the powers of any supported organization of the thru the supported organization of the thru the support of the comparises of the support of organization of the thru organization of the thru organization and thin organization and thin of the organization is directors or trustees of organizations. Were any of the comparises of the supporting organizations, by the last day of the fifth month of the organization provide to each of the supported organization? If 'No,' describe in Part VI how the comparises of the support of organizations. The extent not previously provided organization is a vertex or the date of notification, to the extent not previously provided organization and will be organization or the vertex of the organization is supported organization? If 'No,' describe in Part VI how the organization is supported organization? If 'No,' describe in Part VI how the organization is a support of organization previde to a constand th					
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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 be open in and/or emode directors or trustees were allocated among the supported organization grantation operated, supervised, or controlled the supported organization? If 'Yea,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organization. Section C. Type II Supporting Organization The supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's the Ywo, "decorable in Part VI how control or management of the supporting Organizations. Yees No organization signation, supported organization, supported organization, supported organization's tax year, (i) a virtem notice describing the type and amount of support provided during the prior tax year, (i) a virtem notice describing the type and amount of support provided organization's the organization's adjuster, directors, or trustees ether (i) appointed organization's). Yees No organization mainteined a close and continuous working relationshy with the supported organization's. Yees any of the organization satisfies and indirecting the use of the organization's. Supported organization satisfies and indirecting and the tave year (see instructions). Supported organization satisfies	1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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	dule A (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATI			93-1162366 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functiona	lly integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATIONAL CENTER

T ai	Type in Non-Functionally integrated 509	allo supporting Orga	(continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A	(Form 990 or 990-EZ)	2016 DEATH	WITH I	DIGNITY	NATIONAL	CENTER	93-1162366	Page 8
Part VI	Part IV, Section A, lir line 1; Part IV, Sectio	nes 1, 2, 3b, 3c, 4 n D, lines 2 and 3	b, 4c, 5a, 6, ; Part IV, Se	9a, 9b, 9c, 11 ction E, lines	a, 11b, and 11c; 1c, 2a, 2b, 3a, an	Part IV, Section d 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section e 1; Part V, Section B, line 1e; Par	C, rt V,
	Section D, lines 5, 6, (See instructions.)	and 8; and Part \	, Section E,	lines 2, 5, and	d 6. Also complet	e this part for ar	ny additional information.	
_								
632028 09-21-1	6			2	0		Schedule A (Form 990 or 990-I	EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2016

Employer identification number

93-1162366

	DEATH	WITH	DIGNITY	NATIONAL	CENTER			
Organization type (check one):								
Filers of:	Section	on:						

Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

For 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, 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 exclusively religious is charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions total to the parts unless to t

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Page **2**

Employer identification number

93-1162366

DEATH WITH DIGNITY NATIONAL CENTER

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$ <u>90,000.</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		\$30,000.	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
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Tatal contributions	(d) Type of contribution
<u>4</u>	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 200,000.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Schedule B (Form)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

93-1162366

DEATH WITH DIGNITY NATIONAL CENTER

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
4	STOCK GIFT		
-		\$28,117.	08/19/16
(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
		\$	
(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
-			

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12200717 781409 7065

2016.04000 DEATH WITH DIGNITY NATION 7065___1

Name of org	ganization				Employer identification number
ההציתת	WITH DIGNITY NATIONAL (᠂ᢑᡳᠬ᠋ᡎᢑᠣ			93-1162366
Part III		ributions to organizations des	cribed in sectio	n 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	COIUMNS (a) through (e) and the second term of \$ s, charitable, etc., contributions of \$	16 TOIIOWING IINE 1,000 or less for the	e entry. For organization e year. (Enter this info. once	s .) ► \$
	Use duplicate copies of Part III if addition	al space is needed.		- ,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
<u> </u>					
-		e) Transfer	of gift		
			Ū		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
		·			
(a) No.		<u> </u>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
			_		
-	Transferee's name, address, a	nd ZIP + 4	<u> </u>	elationship of trai	nsferor to transferee
		-			
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	В	elationship of trai	nsferor to transferee
	,, _,		••		
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gif		(d) Doso	ription of how gift is held
Part I			.	(u) Desc	
-					
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
		-			
		·			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

12200717 781409 7065

25 2016.04000 DEATH WITH DIGNITY NATION 7065___1

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities								
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-		2016			
Department of the Treasury Internal Revenue Service									
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (see separate instructional section 501) 	yanizations: Com r than section 50 ations: Complete wered "Yes," on yanizations that h yanizations that h wered "Yes," on ructions), then	Form 990, Part IV, line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	blete Part I-C. arts I-A and C below. I n 990-EZ, Part VI, lin er section 501(h)): Cor under section 501(h))	Do not complete Par e 47 (Lobbying Acti nplete Part II-A. Do r): Complete Part II-B	t I-B. ivities), th not compl . Do not c	ien ete Part II-B. complete Part II-A.			
 Section 501(c)(4), (5) Name of organization 	i, or (6) organizat	ions: Complete Part III.			Employe	er identification number			
5	DEATH W	ITH DIGNITY NATION	NAL CENTER			93-1162366			
Part I-A Comple		anization is exempt under		r is a section 52					
 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities 									
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).					
•		incurred by the organization under		,	▶\$				
2 Enter the amount o	f any excise tax	incurred by organization managers							
4a Was a correction m	ade?	n 4955 tax, did it file Form 4720 for				Yes No			
b If "Yes," describe in Part I-C Complete		anization is exempt under	section 501(c).	except section 5	501(c)(3).			
		by the filing organization for section		-		-			
	f the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527	••• <u></u>				
•		. Add lines 1 and 2. Enter here and			· · _				
line 17b					►\$_				
						Yes No			
made payments. For contributions received	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's co er -0	(e) Amount of political ontributions 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. LHA

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the orga					162366 Page 2 ction under
section 501(h)).				(
A Check 🕨 📃 if the filing organizat	tion belongs to a	n affiliated group (and list	in Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	e of excess lobby	ying expenditures).			
B Check ► if the filing organizat	tion checked box	A and "limited control"	provisions apply.		
	s on Lobbying E litures" means a	Expenditures amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opin	ion (grass roots lobbying)		
b Total lobbying expenditures to influ	ence a legislative	e body (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s			540,555.	
e Total exempt purpose expenditures	s (add lines 1c an	nd 1d)		540,555.	
f Lobbying nontaxable amount. Ente	r the amount from	m the following table in b	oth columns.	106,083.	
If the amount on line 1e, column (a) or	r (b) is: The	e lobbying nontaxable a	mount is:		
Not over \$500,000	209	% of the amount on line 1	е.		
Over \$500,000 but not over \$1,000	,000 \$10	00,000 plus 15% of the e	xcess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$17	75,000 plus 10% of the e	xcess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$22	25,000 plus 5% of the ex	cess over \$1,500,000.		
Over \$17,000,000	\$1,	,000,000.			
g Grassroots nontaxable amount (ent		,		26,521.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	•	<i>,</i> 0		Г	Yes No
reporting section 4911 tax for this		r Averaging Period Und		L	Yes No
(Some organizations th	at made a secti		ot have to complete all o	of the five columns be	low.
	Lobbying E	Expenditures During 4-Υ	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	67,77	76. 76,025	. 98,590.	106,083.	348,474.
b Lobbying ceiling amount (150% of line 2a, column(e))					522,711.
c Total lobbying expenditures	20,00	00.			20,000.
d Grassroots nontaxable amount	16,94	19,006	. 24,648.	26,521.	87,119.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					130,679.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

632042 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 DEATH WITH DIGNITY NATIONAL CENTER 93-1162366 Page 3 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)).

For e	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	lobbying activity.	Yes	Νο	Amo	unt
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i j	Other activities? Total. Add lines 1c through 1i				
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 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? TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)(5			3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
	Current year				
	Carryover from last year				
-	Total				
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)				
Par					
	de 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 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.		.,		

Schedule C (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service

(Form	990)	
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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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Dert	Ormanizatio	no Mointa	ining
		DEATH	WITH
Name of t	he organization		

H DIGNITY NATIONAL CENTER

Employer identification number 93-1162366

Pa			or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, I		(b) Eu	ada and other accounts
		(a) Donor advised funds	(D) FU	nds 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	-		
	are the organization's property, subject to the organization'			Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be u	ised only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring	
_	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, P	art IV, line 7	·
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form c	of a conservation	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic st	tructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r			during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservati	on easemer	its during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	i)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserva			
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes th	ne organizat	ion's accounting for
	conservation easements.		-	-
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	ner Simila	ır Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	ent and bala	nce sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtheran	ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement a	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pub	lic service, p	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 tr			
	the following amounts required to be reported under SFAS		- /1 /-	
а			►	\$
	For Paperwork Reduction Act Notice, see the Instruction		F	Schedule D (Form 990) 2016
	1 08-29-16			

29 2016.04000 DEATH WITH DIGNITY NATION 7065___1

Sche		ITH DIGNITY				93-11			ige 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simi	ar Assets	continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a	significan	t use of its c	ollection i	tems	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ie organization's ex	empt pur	oose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	on Form 9	90, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi		arv for contributions	s or other assets no	t included	ł			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII					······			
			stand gradeter				Amount		
с	Beginning balance				10	;			
	Additions during the year								
	Distributions during the year					•			
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	II				
Par	t V Endowment Funds. Complete i	f the organization and	wered "Yes" on Fo	rm 990, Part IV, line	e 10.		-		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years l	back
1a	Beginning of year balance	56,261.	58,571.	56,726	•	51,788.		48,2	205.
b	Contributions								
с	Net investment earnings, gains, and losses	6,804.	-1,837.	2,362		5,379.		3,9	989.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	489.	473.	517		441.			406.
g	End of year balance	62,577.	56,261.	58,571	•	56,726.		51,7	788.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for	the organ	ization	Г		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	<u> </u>	ment funds.						
1 41			Dout IV line 110 C	an Form 000 Dort)	V line 10				
	Complete if the organization answered							volue	
	Description of property	(a) Cost or ot basis (investm	• •		Accumul lepreciation		(d) Book	value	•
1a	Land								
b	Buildings								
с	Leasehold improvements			4,546.		546.			0.
d	Equipment			1,959.		710.		,24	
	Other			2,975.		055.		, 92	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	(, column (B), line 1	0c.)		🕨	12	,16	9 .

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-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" of	on Form 990. Part IV. lin	e 11c. See Form 990. I	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-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" of	on Form 990, Part IV, lin	e 11d. See Form 990, I	Part X, line 15.	
	Description	,	,	(b) Book value
(1) INTERORGANIZATIONAL RECEIV	ABLE			105,341.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		•	105,341.
Part X Other Liabilities.	10.		r	
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Form	n 990, Part X, line 25	
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)			
2. Liability for uncertain tax positions. In Part XIII, provide	,			

Schedule D (Form 990) 2016 DEATH WITH DIGNITY NATIONAL CENTER 93-1162366 Page 3

Part VII Investments - Other Securities.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 DEATH WITH DIGNITY NATI	ONAL CENTER	93-1162366 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	<u>2</u> b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO CREATE A FUND FOR FUTURE UNEXPECTED LEGAL CHALLENGES.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISION OF FASE ASC TOPIC OF ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S

TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT

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REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS

OF THIS TOPIC.

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Schedule D	(Form 990) 20	016
Part XIII	Supplem	ent

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2016

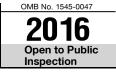
SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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



DEATH WITH DIGNITY NATIONAL CENTER

Employer identification number 93-1162366

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDED RESOURCES, ONLINE TRAININGS, AND ONE-ON-ONE CONSULTATIONS TO

ADVOCATES IN 8 STATES THAT LACK DEATH WITH DIGNITY STATUTES, EMPOWERING

THEM TO WORK EFFECTIVELY TOWARD ACHIEVING END-OF-LIFE CARE POLICY

REFORM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH, AS WELL AS AN UP-TO-THE-MINUTE SOURCE FOR ALL NEWS RELATED TO

THE DEATH WITH DIGNITY MOVEMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FACEBOOK LIKES BY 20 PERCENT.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS HAS DELEGATED AUTHORITY TO THE EXECUTIVE DIRECTOR IN

REGARD TO DAY TO DAY DECISION MAKING.

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.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule63221108-25-16

Name of the organization DEATH WITH DIGNITY NATIONAL CENTER	Employer identification number 93-1162366
FORM 990, PART VI, SECTION B, LINE 12C:	
ANUALLY, BOARD MEMBERS ARE ASKED TO SUBMIT A COMPLETED C	ONFLICT OF INTEREST
POLICY FORM TO THE EXECUTIVE DIRECTOR WHO REVIEWS WHETHE	R CONFLICTS EXIST.

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

SALARY SURVEY PUBLICATION WILL BE USED FOR COMPARISON PURPOSES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, 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:

UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT AND INDEPENDENT ACCOUNTANT SELECTION PROCESS HAS

35

NOT CHANGED FROM THE PRIOR YEAR.

In	Ite	e	rn	al	R

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.jrs.gov/form990.

Name of the organization

DEATH WITH DIGNITY NATIONAL CENTER

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
OREGON DEATH WITH DIGNITY POLITICAL ACTION					DEATH WITH		
FUND - 93-1324899, 520 SW 6TH AVENUE, SUITE					DIGNITY NATIONAL		
1220, PORTLAND, OR 97204	EDUCATION, RESEARCH	OREGON	501(C)(4)		CENTER		Х
	-						
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	-						

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

Schedule R (Form 990) 2016

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OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number 93-1162366

Schedule R (Form 990) 2016 DEATH WITH DIGNITY NATIONAL CENTER

93-1162366 Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	ionate Code V-UBI amount in box 20 of Schedule		l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	
	•	•						·		• • • •	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	

Schedule R (Form 990) 2016 DEATH WITH DIGNITY NATIONAL CENTER

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2016 DEATH WITH DIGNITY NATIONAL CENTER

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(g) Share of end-of-year assets	(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No	5		Yes	NO		Yes N	

Schedule R (Form 990) 2016

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2016

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